

www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	077800001		CITY OR TO	JWN I	NEW DED	FUKD
APPLICATION FOR	RENEWAL:	Annual	L	ICENSE	D FOR 20	013
		CLASS				YEAR
LICENSEE NAME:	RJ'S CORP.					
DOING BUSINESS A	TOP SHELF BAR	AND GRILLE				
ADDRESS 1825-1827	' ACUSHNET AV					
CITY/TOWN: NEW	BEDFORD	STATE: MA	ZIP COI	DE:	02746	
MANAGER: AFON	SO, ROBERT TYPE	OF LICENSE: Re	staurant	CAT	EGORY:	All Alcohol
EMAIL ADDRESS:						
PI	LEASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR E	MAIL ADDRESS	-		I
DESCRIPTION OF LI	ICENSED PREMISE	S:				
ONE ROOM AND KI' BLDG WITH STOCK			FIRST FLOC	OR OF A	ONE STO	RY
I hereby certify and sw	ear under penalties of	f perjury that:				
1. the renewed	d license will be of the	e same type for the	e same premise	s now lic	ensed;	
2. the licensee	e has complied with al	l laws of the Com	monwealth rela	ating to ta	axes; and	
3. the premise	es are now open for bu	ısiness (If not expl	ain below)			
SIGNED BY	Individual, Partner or	r Authorized Corn	orate Officer			
	individual, i artifer of	Tramonized Corp.				
DATE:	TELEDIJONE	NII IMDED.	FMP	OVER IF	FNTIFICAT	ION NUMBER:
	TELEPHONE	NUMBEK:				ecurity Number)
We the undersigned, Acts of 2004, signed anamed license and (2 of 2010.	by the building inspe	ector and the hea	d of the fire d	epartme	nt for the	above
Please Check Below:			LOCAL LI	CENSIN	G AUTHO	ORITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved explain	1)					
DATE.						
DATE:						



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LICENSE NUMBER:	077800002		CITY OR TOW	N NEW BEDFORD
APPLICATION FOR	RENEWAL:	Annual	LICE	ENSED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	FERDADE INC	2.		
DOING BUSINESS A	THE PUB			
ADDRESS 317 FROM	NT ST.			
CITY/TOWN: NEW	BEDFORD	STATE: N	ZIP CODE:	02746
MANAGER: TRINICLIN	· · · · · · · · · · · · · · · · · · ·	ΓΥΡΕ OF LICENSE	Restaurant	CATEGORY: All Alcohol
EMAIL ADDRESS:				
P	LEASE ALSO VISIT OU	IR WEBSITE AND ENTER YO	UR EMAIL ADDRESS	
DESCRIPTION OF L	ICENSED PRE	MISES:		
TWO ROOMS AND I	KITCHEN ON I	FIRST FLOOR OF A	A THREE STORY BI	LDG WITH STOCK IN
I hereby certify and sv	vear under penal	ties of perjury that:		
1. the renewe	d license will be	of the same type for	the same premises no	ow licensed;
		• •	ommonwealth relatin	
	•	for business (If not e		,
			_	
SIGNED BY				
	Individual, Part	tner or Authorized Co	orporate Officer	
DATE:	TELEPH	ONE NUMBER:		YER IDENTIFICATION NUMBER:
			(Note: NOT	Individual Social Security Number)
Acts of 2004, signed	by the building	inspector and the l	nead of the fire depa	nired by Chapter 304 of the artment for the above by Chapter 116 of the Acts
Please Check Below:			LOCAL LICE	NSING AUTHORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved explai	n)			
DATE:				



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LICENSE NUMBER: 077800003	(CITY OR TOWN	NEW BEDFORD
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: DUBLINS SPORTS E	BAR N GRILLE, LI	LC	
DOING BUSINESS A DUBLINS SPORTS	BAR N GRILL		
ADDRESS 1686 ACUSHNET AVE.			
CITY/TOWN: NEW BEDFORD	STATE: MA	ZIP CODE:	02746
MANAGER: GOMES, MARIO TYPE	OF LICENSE: Resta	aurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEBSI		AIL ADDRESS	
DESCRIPTION OF LICENSED PREMISES			
3,153 SQ. FT. KITCHEN AREA AND TWO BUILDING THAT IS ABOUT 4,448 SQ. F. BAR, ADDITIONAL KITCHEN, STORAG ACUSHNET AVENUE.	T WHICH INCLUE	DES TABLES FOR	DINING, SERVICE
I hereby certify and swear under penalties of	perjury that:		
1. the renewed license will be of the		=	
2. the licensee has complied with all		•	taxes; and
3. the premises are now open for bus	siness (If not explai	n helow)	
	omess (ii not explai	ii ociow)	
SIGNED BY Individual, Partner or		·	
SIGNED BY		·	
SIGNED BY		·	
SIGNED BY	Authorized Corpora	ate Officer EMPLOYER	IDENTIFICATION NUMBER:
SIGNED BY Individual, Partner or	Authorized Corpora	ate Officer EMPLOYER	IDENTIFICATION NUMBER: ividual Social Security Number)
SIGNED BY Individual, Partner or	Authorized Corporation NUMBER: possession (1) the ctor and the head of the he	EMPLOYER (Note: NOT Ind	ed by Chapter 304 of the nent for the above
SIGNED BY Individual, Partner or DATE: TELEPHONE N We the undersigned, attest that we are in Acts of 2004, signed by the building inspenamed license and (2) the certificate of liq of 2010. Please Check Below:	Authorized Corporation NUMBER: possession (1) the ctor and the head of the he	EMPLOYER (Note: NOT Ind	ed by Chapter 304 of the nent for the above
SIGNED BY Individual, Partner or DATE: TELEPHONE N We the undersigned, attest that we are in Acts of 2004, signed by the building inspenamed license and (2) the certificate of liquof 2010. Please Check Below: APPROVED:	Authorized Corporation NUMBER: possession (1) the ctor and the head of the he	EMPLOYER (Note: NOT Ind	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
SIGNED BY Individual, Partner or DATE: TELEPHONE N We the undersigned, attest that we are in Acts of 2004, signed by the building inspenamed license and (2) the certificate of liquof 2010. Please Check Below: APPROVED: DISAPPROVED:	Authorized Corporation NUMBER: possession (1) the ctor and the head of the he	EMPLOYER (Note: NOT Ind certificate require of the fire departs ance required by	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
SIGNED BY Individual, Partner or DATE: TELEPHONE N We the undersigned, attest that we are in Acts of 2004, signed by the building inspenamed license and (2) the certificate of liquof 2010. Please Check Below: APPROVED:	Authorized Corporation NUMBER: possession (1) the ctor and the head of the he	EMPLOYER (Note: NOT Ind certificate require of the fire departs ance required by	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
SIGNED BY Individual, Partner or DATE: TELEPHONE N We the undersigned, attest that we are in Acts of 2004, signed by the building inspenamed license and (2) the certificate of liquof 2010. Please Check Below: APPROVED: DISAPPROVED:	Authorized Corporation NUMBER: possession (1) the ctor and the head of the he	EMPLOYER (Note: NOT Ind certificate require of the fire departs ance required by	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMI	BER: 077800004		CITY OR TOWN	NEW BED	FORD
APPLICATION :	FOR RENEWAL:	Annual	LICE	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAN	ME: CLUB SPORT N	MADEIRENSE INC.			
DOING BUSINE	ESS A				
ADDRESS 1624	ACUSHNET AVE				
CITY/TOWN: 1	NEW BEDFORD	STATE: MA	ZIP CODE:	02746	
	MARQUES, T MANUEL	YPE OF LICENSE: Cl	ıb	CATEGORY:	All Alcohol
EMAIL ADDRE	SS:				
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION	OF LICENSED PREM	MISES:			
STORY BLDG.,	AT PREMISES SITU	HE 1ST FLOOR WITI JATED ON THE NOR' BERED AT 1624-1626	THEAST CORNE	R OF ACUSH	
I hereby certify a	nd swear under penalt	ies of perjury that:			
1. the real	newed license will be	of the same type for the	same premises no	w licensed;	
2. the lic	ensee has complied w	ith all laws of the Com	nonwealth relating	to taxes; and	
3. the pr	emises are now open f	or business (If not expl	ain below)		
SIGNED BY	Individual, Partr	ner or Authorized Corp	orate Officer		
DATE:	TELEPHO	ONE NUMBER:	EMPLOY	ER IDENTIFICAT	TON NUMBER:
			(Note: NOT)	ndividual Social S	ecurity Number)
Acts of 2004, sig	gned by the building	re in possession (1) th inspector and the hea of liquor liability insu	d of the fire depai	rtment for the	above
Please Check Below:	<u>.</u>		LOCAL LICEN	ISING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED					
(If disapproved e	xplain)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	:077800005		CI	I Y OK TOW	NEW DED	FUKD
APPLICATION FOR	RENEWAL:	Annual		LICE	NSED FOR 20	013
		CLASS	S			YEAR
LICENSEE NAME:	GIRASSOL RES	TAURANT AND	CAFÉ II	NC.		
DOING BUSINESS	A CAFÉ GIRASS	OL RESTAURAN	NT AND	RESTAURAN	NTE	
ADDRESS 1694-9 A	CUSHNET AVE					
CITY/TOWN: NEW	/ BEDFORD	STATE:	MA	ZIP CODE:	02746	
MANAGER: SOUS	SA, JOAO M. TY	YPE OF LICENSI	E:Restau	rant (CATEGORY:	All Alcohol
EMAIL ADDRESS:						
]	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER Y	OUR EMAIL	ADDRESS		_
DESCRIPTION OF I	LICENSED PREM	ISES:				
TWO ROOMS AND STOCK IN CELLAR		HE FIRST FLOO	R OF A C	ONE STORY I	BUILDING W	ITH
I hereby certify and s	wear under penaltie	es of perjury that:				
1. the renewe	ed license will be o	of the same type for	or the sam	ne premises no	w licensed;	
2. the license	ee has complied wit	th all laws of the (Common	wealth relating	to taxes; and	
3. the premis	ses are now open for	or business (If not	explain b	elow)		
SIGNED BY	Individual Partne	er or Authorized (ornorate	Officer		
	marviadui, i druiv	or or rumorized (corporate	Officer		
DATE:	TELEDUO	NE NUMBER:		EMPLOY!	ER IDENTIFICAT	TION NUMBER:
	TELEFILO	NE NUMBER.			ndividual Social S	
We the undersigned Acts of 2004, signed named license and (of 2010.	by the building in	nspector and the	head of	the fire depar	rtment for the	above
Please Check Below:			L	OCAL LICEN	NSING AUTH	ORITY
APPROVED:			В	y:		
DISAPPROVED:						
(If disapproved expla	ın)		_			
			=			
DATE:			-			
DINIL.			_			



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LICENSE NUI	MBER: 077800007		CITY OR TOWN	NEW BED	FORD
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NA	AME: SIMBA INC.				
DOING BUSI	NESS A XS NIGHTO	CLUB/LOUNGE			
ADDRESS 226	6 UNION STREET				
CITY/TOWN:	NEW BEDFORD	STATE: MA	ZIP CODE:	02740	
MANAGER:	MORROW, KRISTINA	TYPE OF LICENSE: Ger	neral on C mise	CATEGORY:	All Alcohol
EMAIL ADDR	RESS:				
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR EN	MAIL ADDRESS		1
DESCRIPTION	N OF LICENSED PR	EMISES:			
		ND 2 RESTROOMS ON T I'H SIDE OF UNION STR			
I hereby certify	and swear under pen	alties of perjury that:			
1. the	renewed license will b	be of the same type for the	same premises nov	v licensed;	
2. the	licensee has complied	l with all laws of the Comr	nonwealth relating	to taxes; and	
3. the	premises are now ope	en for business (If not expla	ain below)		
SIGNED BY	T !! !! 1 P		O.CC		
	Individual, Pa	artner or Authorized Corpo	rate Officer		
DATE:	TEX ED	HONE MAMPER	EMDI OVE	R IDENTIFICAT	ION NI IMRED
DITTE.	I ELEP	HONE NUMBER:		dividual Social S	
					,
Acts of 2004,	signed by the building	e are in possession (1) the ng inspector and the head ate of liquor liability insu	l of the fire depart	tment for the	above
Please Check Belo	ow:		LOCAL LICEN	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVE					
(If disapproved	l explain)				
			-		
DATE:					
DATE.					



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LICENSE NUMBER: 077800008	(CITY OR TOWN NEW BEDFORD
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: THE NEW CAPE VE DOING BUSINESS A ADDRESS 185 ACUSHNET AVE.	RDEAN ULTRAM	MARINE BAND CLUB,INC
CITY/TOWN: NEW BEDFORD	STATE: MA	ZIP CODE: 02740
MANAGER: SILVA, KENNETH TYPE	OF LICENSE: Club	CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO VISIT OUR WEBSI		AIL ADDRESS
TWO ROOMS AND KITCHEN ON THE F FLOOR OF A TWO STORY BUILDING W	TRST FLOOR ANI	
I hereby certify and swear under penalties of	perjury that:	
1. the renewed license will be of the	same type for the s	same premises now licensed;
2. the licensee has complied with all3. the premises are now open for bu		· ·
SIGNED BY Individual, Partner or	Authorized Corpor	rate Officer
DATE: TELEPHONE N	NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Acts of 2004, signed by the building inspe	ctor and the head	certificate required by Chapter 304 of the of the fire department for the above ance required by Chapter 116 of the Acts
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTHORITY By:
DATE:		



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0	77800009		CITY OR TOW	'N NEW BED	OFORD
APPLICATION FOR R	ENEWAL:	Annual	LIC	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: U	JNIDOS				
DOING BUSINESS A	ALIANCA REST.	AURANT			
ADDRESS 98 COVE S	\mathbf{T}				
CITY/TOWN: NEW I	BEDFORD	STATE: MA	ZIP CODE:	02744	
MANAGER: DE MA	TOS, RUI M.TYP	PE OF LICENSE: R	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLE	ASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF LIG					
DINING ROOM BAR APPROX. 2,300 SQUA					
STOCK IN CELLAR.	KETELI ON III	ETIKST TEOOK	or A 3 STORT B	oilding, wii	111
I hereby certify and swe	-			1' 1	
		the same type for th	•		
	•	all laws of the Com		g to taxes; and	
5. the premises	are now open for	business (If not exp	nam below)		
SIGNED BY					
	ndividual, Partner	or Authorized Corp	orate Officer		
DATE:	TELEPHONI	— E NUMBER:	EMPLO'	YER IDENTIFICAT	ΓΙΟΝ NUMBER:
	TEEET HOLVE	E I VOIVIBEIG	(Note: NOT	Individual Social S	Security Number)
We the undersigned, a	attact that we are	in neggession (1) t	ha aa utif iaata waa	uinad by Chan	tom 204 of the
Acts of 2004, signed b					
named license and (2) of 2010.	the certificate of	liquor liability ins	urance required	by Chapter 110	6 of the Acts
Please Check Below:			LOCAL LICE	NSING AUTH	ORITY
APPROVED:			By:	- 1.0 1	
DISAPPROVED:			·		
(If disapproved explain))				
DATE:					



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LICENSE NU.	MBER: 077800010		CITY OR TOWN	NEW BEDFORD
APPLICATIO	N FOR RENEWAL:	Annual	LICENSE	ED FOR 2013
		CLASS		YEAR
LICENSEE NA	AME: SAPATINHA CAF	E, INC		
DOING BUSI	NESS A EUPHORIA LOU	JNGE		
ADDRESS 28	9 ACUSHNET AVE.			
CITY/TOWN:	NEW BEDFORD	STATE: MA	ZIP CODE:	02740
MANAGER:	BORGES, JOSE G. TYI		neral on CAT mise	TEGORY: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT OUR WI	EBSITE AND ENTER YOUR EN	MAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PREMIS	SES:		
ONE ROOM (ON THE FIRST FLOOR O	F A ONE STORY B	LDG WITH STOCK I	N CELLAR
I hereby certify	y and swear under penalties	of perjury that:		
1. the	renewed license will be of	the same type for the	same premises now lie	censed;
2. the	licensee has complied with	all laws of the Comp	nonwealth relating to t	axes; and
3. the	premises are now open for	business (If not expla	nin below)	
SIGNED BY	Individual, Partner	or Authorized Corpo	orate Officer	
DATE:	TELEPHON	E NUMBER:		DENTIFICATION NUMBER:
Acts of 2004,	rsigned, attest that we are signed by the building ins e and (2) the certificate of	spector and the head	l of the fire departme	ent for the above
Please Check Belo	<u>ow:</u>		LOCAL LICENSIN	NG AUTHORITY
APPROVED:			By:	
DISAPPROVI				
(If disapproved	d explain)			
DATE:				<u> </u>
APPLICATION FOR	R RENEWAL MUST BE FILED BY L	ICENSEES DURING THE M	ONTH OF NOVEMBER (M.G.	.L. Ch. 138 \$ 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 077800013		CITY OR TOWN	NEW BEDFORD
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	: VASCO DA GAMA	A, INC.		
DOING BUSINESS	S A			
ADDRESS 86 DAR	TMOUTH STREET			
CITY/TOWN: NE	W BEDFORD	STATE: MA	ZIP CODE:	02740
	ARRETA, TYPI RIA O.	E OF LICENSE: Re	staurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:	:			
	PLEASE ALSO VISIT OUR WEI		MAIL ADDRESS	
	LICENSED PREMIS			
BLDG. WITH STO	CHEN AND TWO RECK IN CELLAR, AT I	PREMISES SITUA	TED ON THE S OU	THEAST CORNER
I hereby certify and	swear under penalties	of perjury that:		
1. the renew	wed license will be of the	ne same type for the	same premises now	licensed;
2 the licens	see has complied with a	all laws of the Com	nonwealth relating to	taxes; and
2. the needs	see has complied with t	an laws of the conn	nonwearan relating to	
	ises are now open for b		_	
	=	ousiness (If not expl	ain below)	
3. the premi	ises are now open for b	ousiness (If not expl	ain below)	
3. the premi	ises are now open for b	ousiness (If not expl	orate Officer	IDENTIFICATION NUMBER:
3. the premi	ises are now open for b	ousiness (If not expl	ain below) Drate Officer EMPLOYER	
3. the premission of the premission of 2004, signed and the premission of 2004, signed and the premission of 2004, signed and the premission of 2004.	Individual, Partner of TELEPHONE ed, attest that we are ised by the building inspections.	or Authorized Corporation Possession (1) the pector and the head	e certificate required of the fire departs	IDENTIFICATION NUMBER: ividual Social Security Number)
3. the premission of SIGNED BY DATE: We the undersigned Acts of 2004, signed named license and	Individual, Partner of TELEPHONE ed, attest that we are ised by the building inspections.	or Authorized Corporation Possession (1) the pector and the head	EMPLOYER (Note: NOT Indefered of the fire department of the fire dep	IDENTIFICATION NUMBER: ividual Social Security Number) ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
3. the premission of 2010.	Individual, Partner of TELEPHONE ed, attest that we are ised by the building inspections.	or Authorized Corporation Possession (1) the pector and the head	EMPLOYER (Note: NOT Indefered of the fire department of the fire dep	IDENTIFICATION NUMBER: ividual Social Security Number) ed by Chapter 304 of the ment for the above
3. the premission of 2010. Please Check Below: APPROVED: DISAPPROVED:	Individual, Partner of TELEPHONE ed, attest that we are ited by the building insp. (2) the certificate of I	or Authorized Corporation Possession (1) the pector and the head	EMPLOYER (Note: NOT Ind e certificate required of the fire departrurance required by the Company of the Company	IDENTIFICATION NUMBER: ividual Social Security Number) ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
3. the premission of 2010. Please Check Below: APPROVED:	Individual, Partner of TELEPHONE ed, attest that we are ited by the building insp. (2) the certificate of I	or Authorized Corporation Possession (1) the pector and the head	EMPLOYER (Note: NOT Ind e certificate required of the fire departrurance required by the Company of the Company	IDENTIFICATION NUMBER: ividual Social Security Number) ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
3. the premission of 2010. Please Check Below: APPROVED: DISAPPROVED:	Individual, Partner of TELEPHONE ed, attest that we are ited by the building insp. (2) the certificate of I	or Authorized Corporation Possession (1) the pector and the head	EMPLOYER (Note: NOT Ind e certificate required of the fire departrurance required by the Company of the Company	IDENTIFICATION NUMBER: ividual Social Security Number) ed by Chapter 304 of the ment for the above Chapter 116 of the Acts



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LICENSE NUMBER: (77800014		CITY OR TOWN	NEW BED	FORD
APPLICATION FOR F	RENEWAL:	Annual	LICENS	SED FOR 20	013
		CLASS			YEAR
A. EMAIL ADDRESS:	PIER 37 BEDFORD TH, NOAH TYP EASE ALSO VISIT OUR WE	STATE: MA DE OF LICENSE: RE	estaurant CA	02740 ATEGORY:	All Alcohol
one story bldg, one room well as in the rear of the		ck in rear room firs	t floor, entrances and	exits on unio	on st as
2. the licensee 3. the premises	has complied with	• •	e same premises now amonwealth relating to lain below)		
SIGNED BY	ndividual, Partner	or Authorized Corp	orate Officer		
DATE:	TELEPHONI	E NUMBER:	EMPLOYER (Note: NOT Ind		TION NUMBER: Security Number)
We the undersigned, a Acts of 2004, signed be named license and (2) of 2010.	y the building ins	pector and the hea	d of the fire departr	nent for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain			LOCAL LICENS By:	ING AUTHO	ORITY
DATE:					



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LICENSE NUM	MBER: 077800015		CITY OR TOWN	NEW BEDFORD
APPLICATION	N FOR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NA	AME: CHURRASCARIA	NOVO MUNDO	, INC	
DOING BUSIN	NESS A			
ADDRESS 980	C County St			
CITY/TOWN:	NEW BEDFORD	STATE: MA	ZIP CODE:	02744
MANAGER:	AMARAL, CARLA TYP	E OF LICENSE:	Restaurant C.	ATEGORY: All Alcohol
EMAIL ADDR	ESS:			
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOU	R EMAIL ADDRESS	
DESCRIPTION	N OF LICENSED PREMIS	ES:		
	KITCHEN AND RESTRO ON FIRST FLOOR AND			REE STORY BLDG
I hereby certify	and swear under penalties	of perjury that:		
	renewed license will be of	* =	•	
	licensee has complied with		_	o taxes; and
3. the 1	premises are now open for	business (If not ex	plain below)	
CICNED DV				
SIGNED BY	Individual, Partner	or Authorized Co	rporate Officer	
DATE:	TELEPHON	E NUMBER:	EMPLOYE	R IDENTIFICATION NUMBER:
			(Note: NOT Inc	dividual Social Security Number)
Acts of 2004, s	signed, attest that we are signed by the building ins and (2) the certificate of	pector and the h	ead of the fire depart	ment for the above
Please Check Belo	W:		LOCAL LICENS	SING AUTHORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved				
	скриш)			
	САРІШІІ			
DATE:	САРГИПТ			



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LICENSE NUMBER	:077800016		CITY OR TOWN	NEW BED	FORD
APPLICATION FOR	R RENEWAL:	Annual	LICEN	SED FOR 20	
LICENSEE NAME: DOING BUSINESS ADDRESS 1256 AC		CLASS IC			YEAR
CITY/TOWN: NEV	V BEDFORD	STATE: MA	ZIP CODE:	02746	
MANAGER: FERI	REIRA, PEDROTYPE O	F LICENSE:Re	estaurant C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
DESCRIPTION OF I TWO ROOMS AND STORY BLDG. WIT	PLEASE ALSO VISIT OUR WEBSIT LICENSED PREMISES: KITCHEN & FOUR RI TH STOCK IN CELLAR Y STREET AND ACUS	ESTROOMS OF	N THE FIRST FLOO		
 the renew the license 	wear under penalties of ped license will be of the see has complied with all less are now open for busi	ame type for the aws of the Com	monwealth relating t		
SIGNED BY	Individual, Partner or A	Authorized Corp	orate Officer		
DATE:	TELEPHONE N		(Note: NOT Inc		ecurity Number)
Acts of 2004, signed	l, attest that we are in p l by the building inspect 2) the certificate of liqu	tor and the hea	d of the fire depart	ment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	in)		LOCAL LICENS By:	SING AUTHO	ORITY
DATE:					



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LICENSE NUMBI	ER: 077800017		CITY OR TOWN	NEW REDI	ORD
APPLICATION FO	OR RENEWAL:	Annual	LICENS	ED FOR 20	13
		CLASS		7	YEAR
LICENSEE NAME	E: CALDERON &	CALDERON, INC.			
DOING BUSINES	S A CAFE PORTU	GAL			
ADDRESS 1280 A	CUSHNET AVE.				
CITY/TOWN: NI	EW BEDFORD	STATE: MA	ZIP CODE:	02746	
	ANUELA	YPE OF LICENSE: Re	estaurant CA	TEGORY:	All Alcohol
EMAIL ADDRESS	S:				
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION O	F LICENSED PREM	IISES:			
TWO ROOMS WI IN CELLAR	TH KITCHEN ON T	ΓHE FIRST FLOOR C	OF A ONE STORY BI	LDG WITH	STOCK
I hereby certify and	d swear under penalti	es of perjury that:			
1. the rene	ewed license will be o	of the same type for the	e same premises now l	icensed;	
2. the licer	nsee has complied wi	ith all laws of the Com	monwealth relating to	taxes; and	
3. the pren	nises are now open for	or business (If not expl	ain below)		
SIGNED BY			o cc		
	Individual, Partn	ner or Authorized Corp	orate Officer		
DATE:			EMBLOWED I		ON MARKED
DATE.	TELEPHC	ONE NUMBER:	(Note: <u>NOT</u> Indiv		ON NUMBER:
			, <u>—</u>		,
Acts of 2004, sign	ned by the building i	re in possession (1) th inspector and the hea of liquor liability insu	d of the fire departm	ent for the a	above
Please Check Below:			LOCAL LICENSI	NG AUTHC	RITY
APPROVED:]		By:		
DISAPPROVED:					
(If disapproved exp	olain)				
DATE:					



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LICENSE NUMBER: 077800019		CITY OR TOWN NEW BE	EDFORD
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: TANE CORPO	RATION		
DOING BUSINESS A OCTANE SPO	ORTS BAR		
ADDRESS 1430 ACUSHNET AVE.			
CITY/TOWN: NEW BEDFORD	STATE: MA	ZIP CODE: 02746	
MANAGER: CARVALHO, FERNANDA	ΓΥΡΕ OF LICENSE: Res	taurant CATEGORY	Y: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF LICENSED PREI	MISES:		
ONE ROOM AND TWO RESTROOM ROOM IN THE BASEMENT OF A T		OOR AND KITCHEN AND S'	TORAGE
I hereby certify and swear under penal-	ties of perjury that:		
1. the renewed license will be	of the same type for the	same premises now licensed;	
2. the licensee has complied v	vith all laws of the Comn	nonwealth relating to taxes; an	d
3. the premises are now open	for business (If not expla	in below)	
SIGNED BY			
Individual, Part	ner or Authorized Corpo	rate Officer	
DATE: TELEPHO	ONE NUMBER:	EMPLOYER IDENTIFIC	
		(Note: NOT Individual Social	al Security Number)
We the undersigned, attest that we a Acts of 2004, signed by the building named license and (2) the certificate of 2010.	inspector and the head	of the fire department for t	he above
Please Check Below:		LOCAL LICENSING AUT	HORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



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LICENSE NUMBER	C : 07/800020		CITY OR TOWN	NEW DED	FURD
APPLICATION FO	R RENEWAL:	Annual	LICEN	ISED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	ROYAL FOOD &	BEVERAGE COMP	ANY, INC		
DOING BUSINESS	A ROYAL II				
ADDRESS 123 MA	C ARTHUR DRIVE				
CITY/TOWN: NEV	W BEDFORD	STATE: MA	ZIP CODE:	02740	
MANAGER: ESC	OBAR, ANA M.TYF		neral on C mise	ATEGORY:	All Alcohol
EMAIL ADDRESS:			-		
	PLEASE ALSO VISIT OUR WI	EBSITE AND ENTER YOUR EM	MAIL ADDRESS		_
	LICENSED PREMIS				
	CHEN, AND ONE I IS AND STOCK INT		· · · · · · · · · · · · · · · · · · ·		ROOM,
I hereby certify and s	swear under penalties	of perjury that:			
1. the renew	ved license will be of	the same type for the	same premises now	licensed;	
2. the licens	ee has complied with	all laws of the Comr	nonwealth relating t	to taxes; and	
3. the premi	ses are now open for	business (If not expla	ain below)		
SIGNED BY					
	Individual, Partner	or Authorized Corpo	orate Officer		
DATE:	TELEPHON	E NUMBER:			TON NUMBER:
			(Note: NOT Inc	dividual Social S	ecurity Number)
Acts of 2004, signed	d, attest that we are d by the building ins (2) the certificate of	spector and the head	l of the fire depart	ment for the	above
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:	. ,				
(If disapproved explain	11II <i>)</i>				
DATE:					



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LICENSE NU	MBER: 077800021		CITY OR TOWN	NEW BED	FORD
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	ISED FOR 20	013
		CLASS			YEAR
LICENSEE N. DOING BUSI	AME: JALICE CAFÉ INO NESS A	C.			
ADDRESS 14	68 ACUSHNET AVE.				
CITY/TOWN:	: NEW BEDFORD	STATE: MA	ZIP CODE:	02746	
MANAGER:	GONCALVES, TYI DERICK PINA	PE OF LICENSE: Res	caurant C	ATEGORY:	All Alcohol
EMAIL ADDI	RESS:				
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EM	AIL ADDRESS		-
DESCRIPTIO	N OF LICENSED PREMIS	SES:			
DINING 'FUN AND TWO RI COOLER IN T ACUSHNET A	TELY 3700 SQ FT WHIC NCTION' ROOM WITH A I ESTROOMS; WITH AN A THE BASEMENTPREM AVENUEBETWEEN DEA NET AVENUE	BAR AND TABLES, DDITIONAL AREA IISES IS SITUATED	A KITCHEN AND FOR STORAGE A ON THE EAST S	O STORAGE AND A WAL IDE OF THE	AREA, K IN
I hereby certify	y and swear under penalties	of perjury that:			
1. the	renewed license will be of	the same type for the	same premises nov	licensed;	
2. the	licensee has complied with	all laws of the Comm	onwealth relating	to taxes; and	
3. the	premises are now open for	business (If not expla	in below)		
SIGNED BY	Individual Partner	or Authorized Corpo	rata Officar		
	marviduai, r artiiei	of Authorized Corpor	ate Officer		
DATE:	TELEDIJON	T MIMPED.	EMPI OVE	R IDENTIFICAT	ION NUMBER:
	TELEPHON	E NUMBER:		dividual Social S	
Acts of 2004,	rsigned, attest that we are signed by the building ins e and (2) the certificate of	spector and the head	of the fire depart	ment for the	above
Please Check Bel	ow:		LOCAL LICEN	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVI			-		
(If disapproved	d explain)				
DATE					
DATE:					



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LICENSE NUMBER: 077800023	(CITY OR TOWN	NEW BEDFORD
APPLICATION FOR RENEWAL:	Annual CLASS	LICEN	SED FOR 2013 YEAR
LICENSEE NAME: MIMO CORP. DOING BUSINESS A CAFE MIMO			
ADDRESS 1528 ACUSHNET AVE.			
CITY/TOWN: NEW BEDFORD	STATE: MA	ZIP CODE:	02746
MANAGER: FERREIRA, TYPE COLIVERIO A	OF LICENSE:Resta	urant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEBSIT	TE AND ENTER YOUR EMA	IL ADDRESS	
DESCRIPTION OF LICENSED PREMISES			
THREE ROOMS, KITCHEN AND TWO RE BLDG WITH STOCK IN CELLAR	ESTROOMS ON T	HE FIRST FLOOI	R OF A ONE STORY
 I hereby certify and swear under penalties of p the renewed license will be of the s the licensee has complied with all the premises are now open for bush 	same type for the sa laws of the Commo	nwealth relating to	
SIGNED BY Individual, Partner or A	Authorized Corpora	ite Officer	
DATE: TELEPHONE N	IUMBER:		R IDENTIFICATION NUMBER: lividual Social Security Number)
We the undersigned, attest that we are in pacts of 2004, signed by the building inspect named license and (2) the certificate of liquof 2010.	ctor and the head o	of the fire departi	ment for the above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	SING AUTHORITY



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LICENSE NUMBER	C: 07/800024	,	LITT OR TOWN NEW BEL	DrukD
APPLICATION FOI	R RENEWAL:	Annual	LICENSED FOR 2	.013
		CLASS		YEAR
	ILHA VERDE CAFÉ A ILHA VERDE CAF			
ADDRESS 85 DELA	ANO STREET			
CITY/TOWN: NEV	W BEDFORD	STATE: MA	ZIP CODE: 02740	
MANAGER: BAR	BOSA, NELIA TYPE	OF LICENSE: Resta	aurant CATEGORY:	All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR EMA	IL ADDRESS	
DESCRIPTION OF	LICENSED PREMISES	S:		
	3x13 which inclludes a loom. Entrances and exits	•	restroom. Back room;kitchen,	storage
I hereby certify and s	swear under penalties of	perjury that:		
		• •	ame premises now licensed;	
			onwealth relating to taxes; and	
3. the premi	ses are now open for bu	siness (If not explain	n below)	
SIGNED BY				
	Individual, Partner or	Authorized Corpora	ate Officer	
DATE:	TELEPHONE 1	NUMBER:	EMPLOYER IDENTIFICA	
			(Note: NOT Individual Social	Security Number)
Acts of 2004, signed	d by the building inspe	ector and the head	certificate required by Chap of the fire department for the ance required by Chapter 11	e above
Please Check Below:			LOCAL LICENSING AUTH	ORITY
APPROVED:			By:	
DISAPPROVED:	oin)			
(If disapproved expla	aiii <i>)</i>			
DATE:				



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LICENSE NUMBE	R: 077800025		CITY OR TOWN	NEW BEDFORD
APPLICATION FO	R RENEWAL:	Annual	LICEN	ISED FOR 2013
		CLASS		YEAR
LICENSEE NAME	: CMOTA ENTERP	RISES LLC		
DOING BUSINESS	S A ECCO			
ADDRESS 1669 A	CUSHNET AVE.			
CITY/TOWN: NE	W BEDFORD	STATE: MA	ZIP CODE:	02746
MANAGER: Fari	a, Robert A. Jr TYI	PE OF LICENSE: R	estaurant C	ATEGORY: All Alcohol
EMAIL ADDRESS	:			
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR	EMAIL ADDRESS	
	LICENSED PREMIS			
ONE ROOM AND IN CELLAR	KITCHEN ON THE	FIRST FLOOR OF	A FOUR STORY BI	LDG WITH STOCK
I hereby certify and	swear under penalties	of perjury that:		
1. the renev	wed license will be of	the same type for the	ne same premises now	licensed;
	see has complied with		_	to taxes; and
3. the prem	ises are now open for	business (If not exp	plain below)	
SIGNED BY	Individual, Partner	or Authorized Cor	porate Officer	
	,		<u></u>	
DATE:	TELEPHON	E NUMBER:	EMPLOYE	R IDENTIFICATION NUMBER:
	12211101	21(01/1221)	(Note: NOT In	dividual Social Security Number)
We the undersign	ad attact that we are	in nessession (1) t	ha cartificata raquir	red by Chapter 304 of the
	ed by the building in			
named license and of 2010.	(2) the certificate of	liquor liability ins	surance required by	Chapter 116 of the Acts
Please Check Below:			LOCAL LICEN	SING AUTHORITY
APPROVED:			By:	
DISAPPROVED:				
(If disapproved expl	lain)			
DATE:				
APPLICATION FOR RENE	EWAL MUST BE FILED BY L	ICENSEES DURING THE	MONTH OF NOVEMBER (M	4.G.L. Ch. 138 \$ 16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMB	BER: 077800027		CITY OR TOWN	NEW BEDFORD
APPLICATION F	OR RENEWAL:	Annual	LICEN	ISED FOR 2013
		CLASS		YEAR
LICENSEE NAM	IE: NEW BEDFC	ORD SPORTS CLUB INC		
DOING BUSINE	SS A			
ADDRESS 1792	ACUSHNET AVE	•		
CITY/TOWN: N	IEW BEDFORD	STATE: MA	ZIP CODE:	02746
El	MARAL, DMUNDO LIVEIRA	TYPE OF LICENSE: Clu	ıb C	ATEGORY: All Alcohol
EMAIL ADDRES	SS:			
	PLEASE ALSO VISIT (OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION C	OF LICENSED PR	EMISES:		
TWO ROOMS AT IN CELLAR	ND KITCHEN ON	THE FIRST FLOOR OF	A ONE STORY B	LDG WITH STOCK
I hereby certify an	nd swear under pen	alties of perjury that:		
1. the ren	ewed license will b	be of the same type for the	same premises now	licensed;
2. the lice	ensee has complied	with all laws of the Com	nonwealth relating t	to taxes; and
3. the pre	emises are now ope	n for business (If not expl	ain below)	
SIGNED BY				
	Individual, Pa	artner or Authorized Corpo	orate Officer	
DATE:	TELEP!	HONE NUMBER:	EMPLOYE	R IDENTIFICATION NUMBER:
			(Note: NOT Inc	dividual Social Security Number)
Acts of 2004, sig	ned by the buildir	ng inspector and the head	d of the fire depart	red by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Below:			LOCAL LICENS	SING AUTHORITY
APPROVED:			By:	
DISAPPROVED:	:			
(If disapproved ex	(plain)			
DATE:				



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LICENSE NUMBER	R: 077800028		CITY OR TOW	NN NEW BEL	DFORD
APPLICATION FOR	R RENEWAL:	Annual	LIC	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	LUK & CHEN, IN	C.			
DOING BUSINESS	A CHUCK'S CHIN	A INN			
ADDRESS 1856 AC	CUSHNET AVE.				
CITY/TOWN: NEV	W BEDFORD	STATE: MA	ZIP CODE:	: 02746	
MANAGER: LUK	, SIN HANG TY	PE OF LICENSE: R	Restaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF					
THREE ROOMS AN CELLAR AND REA			A FOUR STORY I	BLDG WITH S'	TOCK IN
I hereby certify and s	swear under penalties	s of perjury that:			
1. the renew	ved license will be of	the same type for the	ne same premises r	now licensed;	
2. the licens	ee has complied with	all laws of the Cor	nmonwealth relatir	ng to taxes; and	
3. the premi	ses are now open for	business (If not ex	plain below)		
SIGNED BY	Individual, Partner	or Authorized Cor	porate Officer		
DATE:	TELEPHON	IE NUMBER:		YER IDENTIFICA Individual Social S	
Acts of 2004, signed	d, attest that we are d by the building in (2) the certificate of	spector and the he	ad of the fire dep	artment for the	e above
Please Check Below:			LOCAL LICE	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED: [(If disapproved explain	 ain)				
(11 disappiored explo	,				
DATE.					
DATE:					
APPLICATION FOR RENEV	WAL MUST BE FILED BY L	ICENSEES DURING THE	MONTH OF NOVEMBE	R (M.G.L. Ch. 138 \$ 1	6A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 077800029		CITY OR TOWN	NEW BED	FORD
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	ISED FOR 20	013
		CLASS			YEAR
LICENSEE NA	AME: CASA DO BE	NFICA NO. 27 INC.			
DOING BUSI	NESS A				
ADDRESS 148	84 ACUSHNET AVE.				
CITY/TOWN:	NEW BEDFORD	STATE: MA	ZIP CODE:	02746	
MANAGER:	VALA, FRANCISCO M.	TYPE OF LICENSE: Club	O C	ATEGORY:	All Alcohol
EMAIL ADDR	RESS:				
	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOUR EM.	AIL ADDRESS		
	N OF LICENSED PRE				
APPROX 21X	36 AND A FUNCTIO	REST ROOMS ON STRI N ROOM AREA APPRO OFFIN AND DEANE ST	X 16X53 LOCATI		SIDE
I hereby certify	and swear under pena	llties of perjury that:			
1. the	renewed license will be	e of the same type for the s	same premises nov	v licensed;	
2. the	licensee has complied	with all laws of the Comm	onwealth relating	to taxes; and	
3. the	premises are now open	n for business (If not explain	in below)		
SIGNED BY	Individual, Par	rtner or Authorized Corpor	rate Officer		
DATE:			EMPLOYE		ION MUMBER
DATE.	TELEPH	HONE NUMBER:		R IDENTIFICAT dividual Social So	
Acts of 2004,	signed by the building	e are in possession (1) the g inspector and the head te of liquor liability insur	of the fire depart	ment for the	above
Please Check Belo	<u>ow:</u>		LOCAL LICEN	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVE (If disapproved					
	•				
DATE:					



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LICENSE NUM	BER: 077800030		CIT	Y OR TOW	N NEW	BEDF	ORD
APPLICATION	FOR RENEWAL:	Annual		LIC	ENSED FO	OR 201	3
		CLASS	3			Y	EAR
DOING BUSINE	ME: PA RAFFA'S ITAI ESS A ACUSHNET AVE.	LIAN REST INC	C.				
	NEW BEDFORD	STATE:	MA 2	ZIP CODE:	0274	5	
	RAFFA, JOANNE TYI	PE OF LICENSI					All Alcohol
EMAIL ADDRE	SS:						
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER Y	OUR EMAIL AL	DDRESS			
	OF LICENSED PREMIS		.				
	ID TWO KITCHENS OI LAR AND ON FIRST F		LOOR OF	' A ONE ST	FORY BLI	OG WIT	ГН
I hereby certify a	nd swear under penalties	of perjury that:					
1. the re	newed license will be of	the same type for	or the same	premises n	ow license	d;	
2. the lic	censee has complied with	all laws of the (Commonwe	ealth relatin	g to taxes;	and	
3. the pr	remises are now open for	business (If not	explain be	low)			
SIGNED BY	Individual, Partner	or Authorized (Corporate (Officer			
DATE:	TELEPHON	E NUMBER:					ON NUMBER: urity Number)
Acts of 2004, sig	gned, attest that we are gned by the building ins and (2) the certificate of	spector and the	head of th	ne fire depa	artment fo	r the al	bove
Please Check Below	<u>:</u>		LO	CAL LICE	ENSING A	UTHOF	RITY
APPROVED:			By	:			
DISAPPROVED (If disapproved e							
(11 disapproved e	···P······)						
DATE:							
		von vones = v =		~		100 0 1 - 11	
APPLICATION FOR R	ENEWAL MUST BE FILED BY L	ICENSEES DURING '	THE MONTH (JF NOVEMBEI	K (M.G.L. Ch.	138 \$ 16A))



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 07/800031		CITY OR TO	WN NEW BEL	DEORD
APPLICATION FO	R RENEWAL:	Annual	LI	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	Calypso Hospita	ality, LLC			
DOING BUSINESS	A FERNANDOS	GRILLE & BAR			
ADDRESS 418-20 1	RIVET ST.				
CITY/TOWN: NE	W BEDFORD	STATE: MA	ZIP COD	E: 02744	
MANAGER: Dov	ale, Fernando T	YPE OF LICENSE: R	estaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUI	R WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF					
	G APPROX.80,A F	T.WITH BAR,2 HAN PASTRY SHOP-APPR) FULL
I hereby certify and	swear under penalt	ties of perjury that:			
1. the renew	ved license will be	of the same type for th	e same premises	now licensed;	
	•	ith all laws of the Con		ing to taxes; and	
3. the premi	ises are now open t	for business (If not exp	lain below)		
SIGNED BY	Individual, Part	ner or Authorized Corp	oorate Officer		
DATE:	TELEPHO	ONE NUMBER:		OYER IDENTIFICAT	
Acts of 2004, signe	d by the building	are in possession (1) the inspector and the heat of liquor liability ins	ad of the fire de	partment for the	above
Please Check Below:			LOCAL LIC	CENSING AUTH	ORITY
APPROVED: DISAPPROVED:			By:		
(If disapproved expl	ain)				
	,				
DATE:					
					



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LICENSE NU	MBER: 077800032		CITY OR TOWN	NEW BEDFORD
APPLICATIO	ON FOR RENEWAL:	Annual	LICEN	NSED FOR 2013
		CLASS		YEAR
LICENSEE N.	AME: THE HONG	KONG INC.		
DOING BUSI	NESS A HONG KO	NG RESTAURANT		
ADDRESS 28	399-2901 ACUSHNE	Γ AVENUE		
CITY/TOWN:	: NEW BEDFORD	STATE: MA	ZIP CODE:	02745
MANAGER:	WONG, CHUN TERRY	TYPE OF LICENSE: Re	estaurant C	CATEGORY: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PR	REMISES:		
KITCHEN AR PREMISES IS	REA WITH ADDITION SITUATED ON TH	RST FLOOR OF A ONE DNAL SPACE FOR THE IE WEST SIDE OF ACUS TREET, AND IS NUMB	STORAGE OF LIQ SHNET AVENUE O	UOR. THE ON THE CORNER OF
I hereby certify	y and swear under per	nalties of perjury that:		
1. the	renewed license will	be of the same type for the	e same premises nov	v licensed;
2. the	licensee has complied	d with all laws of the Com	monwealth relating	to taxes; and
	_	en for business (If not exp	=	
SIGNED BY				
	Individual, P	artner or Authorized Corp	orate Officer	
DATE:	TELEF	PHONE NUMBER:		R IDENTIFICATION NUMBER:
			(Note: NOT In	dividual Social Security Number)
Acts of 2004,	signed by the buildi	ing inspector and the hea	nd of the fire depart	red by Chapter 304 of the tment for the above Chapter 116 of the Acts
Please Check Bel	ow:		I OCAL LICEN	SING AUTHORITY
APPROVED:			By:	
DISAPPROVI	ED:		Ž	
(If disapproved	d explain)			
DATE:				
DATE:				



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LICENSE NUM	MBER: 077800033		CITY OR TOWN	NEW BEDI	FORD
APPLICATION	N FOR RENEWAL:	Annual	LICENSED FOR 2013		
		CLASS		,	YEAR
DOING BUSIN		RILL, INC			
ADDRESS 150	00 ACUSHNET AVE				
CITY/TOWN:	NEW BEDFORD	STATE: MA	ZIP CODE:	02746	
MANAGER:	ALBUQUERQUE, ANTONIO J	TYPE OF LICENSE:	Restaurant CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDR	RESS:				
	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YOU	R EMAIL ADDRESS		
DESCRIPTION	N OF LICENSED PRE	EMISES:			
	VITH BAR, KITCHEN REA APPROX 1600 S		S. THREE STORY BL	DG, TOTAL	
	premises are now open			o taxes; and	
DATE:	TELEPH	IONE NUMBER:	EMPLOYER (Note: NOT Ind	. IDENTIFICATI	
Acts of 2004,	signed by the building	g inspector and the h	the certificate require ead of the fire departr surance required by (nent for the	above
Please Check Belo	ow:		LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVE					
(If disapproved	explain)		-		
					
DATE:					



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LICENSE NUMBER: 077800034		CITY OR TOWN	NEW BEDFORD
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: PVT. POIRIER PO DOING BUSINESS A	OST #3260 V.F.W. OF	U.S.	
ADDRESS 281 APPLETON ST.			
CITY/TOWN: NEW BEDFORD	STATE: MA	ZIP CODE:	02745
MANAGER: GUILBEAULT, TYPE PAUL N.	PE OF LICENSE: Vete	erans club CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EM	AIL ADDRESS	
DESCRIPTION OF LICENSED PREMIS			
TWO ROOMS ON FIRST FLOOR AND ONE STORY BLDG WITH STOCK IN		KITCHEN IN THI	E BASEMENT OF A
I hereby certify and swear under penalties	s of perjury that:		
1. the renewed license will be of	the same type for the s	same premises now	licensed;
2. the licensee has complied with	all laws of the Comm	onwealth relating to	o taxes; and
3. the premises are now open for	business (If not explain	in below)	
SIGNED BY Individual Partner	or Authorized Corpor	rate Officer	
marvidual, i armer	of Muniorized Corpor	auc Officer	
DATE: TELEBRION	IE NUMBER:	EMPI OYER	R IDENTIFICATION NUMBER:
TELEPHON	E NUMBER:		lividual Social Security Number)
We the undersigned, attest that we are Acts of 2004, signed by the building in named license and (2) the certificate of of 2010.	spector and the head	of the fire departs	nent for the above
Please Check Below: APPROVED:			ING AUTHORITY
DISAPPROVED:		By:	
(If disapproved explain)			
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	077800035		CITY OR TOWN	NEW BEDFORD
APPLICATION FOR I	RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NAME:	THE THREE PUM	PKINS, INC		
DOING BUSINESS A	THE BROWN JU	G TAVERN		
ADDRESS 481 ASHL	EY BLVD.			
CITY/TOWN: NEW	BEDFORD	STATE: MA	ZIP CODE:	02745
MANAGER: LAJOI E. JR	E, CHARLES TYP	'E OF LICENSE:Re	staurant C.	ATEGORY: All Alcohol
EMAIL ADDRESS:				
PL	EASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTION OF LI				
FOUR ROOMS AND CELLAR AND ON THASHLEY BLVD.				
I hereby certify and sw	ear under penalties	of perjury that:		
1. the renewed	l license will be of t	the same type for the	same premises now	licensed;
	•	all laws of the Com	_	o taxes; and
3. the premise	s are now open for	business (If not expl	ain below)	
SIGNED BY	Individual Partner	or Authorized Corpo	orata Officar	
	marviauai, i armer	of Authorized Corp.	rate Officer	
DATE:	TELEDIJONI	E NILIMDED.	EMPLOYEI	R IDENTIFICATION NUMBER:
	TELEPHONI	E NUMBER:		dividual Social Security Number)
Acts of 2004, signed l	by the building ins	pector and the head	d of the fire depart	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
of 2010.	,			•
Please Check Below:			LOCAL LICENS	SING AUTHORITY
APPROVED:	_		By:	
DISAPPROVED:				
(If disapproved explain	1)		-	
DATE:				



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LICENSE NUN	MBER: 077800036		CITY OR TOWN	NEW BEDFORD
APPLICATION	N FOR RENEWAL:	Annual	LICENS	SED FOR 2013
		CLASS		YEAR
LICENSEE NA	ME: PUB 6 SOCI	AL CORP		
DOING BUSIN	NESS A SIXTH BRI	STOL		
ADDRESS 736	S ASHLEY BLVD.			
CITY/TOWN:	NEW BEDFORD	STATE: MA	ZIP CODE:	02745
	PETITJEAN, JAMES M.	TYPE OF LICENSE: Ge	eneral on CA emise	TEGORY: All Alcoho
EMAIL ADDR	ESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
	N OF LICENSED PR			
	AND KITCHEN ON AND ON FIRST FLC	N THE FIRST FLOOR OF OOR	₹ A TWO STORY BL	LDG WITH STOCK
I hereby certify	and swear under per	nalties of perjury that:		
1. the r	enewed license will	be of the same type for the	e same premises now l	licensed;
2. the 1	icensee has complied	d with all laws of the Com	monwealth relating to	taxes; and
3. the p	premises are now ope	en for business (If not expl	ain below)	
SIGNED BY				
	Individual, Pa	artner or Authorized Corp	orate Officer	
DATE:	TELEP	HONE NUMBER:	EMPLOYER	IDENTIFICATION NUMBER
			(Note: NOT Indi	vidual Social Security Number
Acts of 2004, s	signed by the buildi	re are in possession (1) the ng inspector and the hea ate of liquor liability insu	d of the fire departm	nent for the above
Please Check Belov	<u>w:</u>		LOCAL LICENSI	ING AUTHORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	explain)		-	
DATE:			-	
DAIL.				



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LICENSE NUMBER	.: 077800037		CITY OR TOWN	NEW BED	FORD
APPLICATION FOR	RENEWAL:	Annual	LICEN	ISED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	SKYLIGHT ENT	ERPRISES INC.			
DOING BUSINESS	A ALIANCA LOU	JNGE			
ADDRESS 1708 AC	USHNET AVENU	E			
CITY/TOWN: NEW	V BEDFORD	STATE: MA	ZIP CODE:	02746	
	ANTOS, TY HAEL R.	YPE OF LICENSE: R	Restaurant C	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
]	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF I					
ENTIRE ONE STOR UNNUMBERED DO			ENT AT PREMISES A	AND TWO	
I hereby certify and s	wear under penaltie	es of perjury that:			
1. the renewe	ed license will be o	f the same type for the	ne same premises now	licensed;	
2. the license	ee has complied wit	th all laws of the Cor	nmonwealth relating t	to taxes; and	
3. the premis	ses are now open fo	or business (If not ex	plain below)		
SIGNED BY					
	Individual, Partne	er or Authorized Cor	porate Officer		
DATE:	TELEPHO	NE NUMBER:			TION NUMBER:
			(Note: NOT Inc	dividual Social S	Security Number)
Acts of 2004, signed	by the building in	nspector and the he	the certificate requir ad of the fire depart surance required by	ment for the	above
Please Check Below:			LOCAL LICENS	SING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expla	in)				
DATE:			-		



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LICENSE NUMBER	:077800038		CITY OR TOWN NEW BE	EDFORD
APPLICATION FOR	RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAME:	Ribeiro Bros, LLC			
DOING BUSINESS	A pour farm tavern	& grille		
ADDRESS 780 Purc	hase St			
CITY/TOWN: NEV	V BEDFORD	STATE: MA	ZIP CODE: 02746	
	TROBOUNO, TYI UDIA	PE OF LICENSE: Rest	taurant CATEGORY	Y: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EM	AIL ADDRESS	
DESCRIPTION OF	LICENSED PREMIS	SES:		
WHICH WILL BE E FIVE TABLES WIT LOCATED ON NOF	NCLOSED BY A 4 H FOUR CHAIR SE TH SIDE OF BLDO	FT. HIGH ALUM. FI EATING 20 PATRON G.WHICH IS CONTIC	D BE WSED AS A SIDEWAI ENCE FOR SEATED DINING S.A WAITRESS STATION,I GUOUS TO LICENSED PRE	G.WITH S
I hereby certify and s	-			
		* *	same premises now licensed;	_
	-		onwealth relating to taxes; and	d
3. the premis	ses are now open for	business (If not explain	in below)	
SIGNED BY	Individual, Partner	or Authorized Corpor	rate Officer	
DATE:	TELEPHON	E NUMBER:	EMPLOYER IDENTIFIC	ATION NUMBER:
			(Note: NOT Individual Socia	d Security Number)
Acts of 2004, signed	by the building in	spector and the head	certificate required by Cha of the fire department for the cance required by Chapter 1	he above
Please Check Below:			LOCAL LICENSING AUT	HORITY
APPROVED:			By:	•
DISAPPROVED:				
(If disapproved expla	in)		-	
DATE				
DATE:				



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LICENSE NUMBI	ER: 077800039		CITY OR TOWN NEW BEI	DFORD
APPLICATION FO	OR RENEWAL:	Annual	LICENSED FOR 2	2013
		CLASS		YEAR
LICENSEE NAME	E: CELTIC COFFEI	E HOUSE, LLC		
DOING BUSINES	S A BARKER'S LAI	NE		
ADDRESS 42 NO	RTH WATER STRE	ET		
CITY/TOWN: NI	EW BEDFORD	STATE: MA	ZIP CODE: 02745	
MANAGER: DW	VANE, RYAN TY	PE OF LICENSE: Res	staurant CATEGORY	: Wine and Malt Regular
EMAIL ADDRESS	S:			
	PLEASE ALSO VISIT OUR V	WEBSITE AND ENTER YOUR EN	MAIL ADDRESS	
	F LICENSED PREM			
TWO ROOMS AN CELLAR	ID KITCHEN ON FII	RST FLOOR OF A TI	HREE STORY BLDG WITH ST	TOCK IN
I hereby certify and	d swear under penaltie	es of perjury that:		
1. the rene	ewed license will be o	f the same type for the	same premises now licensed;	
2. the licer	nsee has complied wit	th all laws of the Comr	nonwealth relating to taxes; and	l
3. the pren	nises are now open fo	or business (If not expla	ain below)	
SIGNED BY				
	Individual, Partne	er or Authorized Corpo	orate Officer	
DATE:				
DATE:	TELEPHO	NE NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social	
			(Costs) <u>2.02</u> maryidda Social	security (value of)
Acts of 2004, sign	ed by the building in	nspector and the head	e certificate required by Chap I of the fire department for th rance required by Chapter 11	e above
Please Check Below:			LOCAL LICENSING AUTH	HORITY
APPROVED:			By:	
DISAPPROVED:	.1			
(If disapproved exp	piain)			
DATE:				



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LICENSE NUN	MBER: 077800040		CITY OR TOWN	NEW BED!	FORD
APPLICATION	N FOR RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NA	ME: WHALING CITY C	LUB THE			
DOING BUSIN	IESS A				
ADDRESS 447	BELLEVILLE AVE				
CITY/TOWN:	NEW BEDFORD	STATE: MA	ZIP CODE:	02746	
MANAGER:	DIAS, ARMINDO S.TYPI	E OF LICENSE: C	lub CA	ATEGORY:	All Alcohol
EMAIL ADDR	ESS:				
	PLEASE ALSO VISIT OUR WEE	SITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION	OF LICENSED PREMISE	ES:			
	ND WALK IN COOLER,S ΓWO STORY BLDG	TOCKROOM AN	ND TWO RESTROOM	MS ON THE	FIRST
I hereby certify	and swear under penalties of	of perjury that:			
1. the r	renewed license will be of the	ne same type for the	ne same premises now	licensed;	
2. the 1	icensee has complied with a	all laws of the Con	nmonwealth relating to	taxes; and	
3. the p	premises are now open for b	usiness (If not exp	plain below)		
SIGNED BY	Individual, Partner of	or Authorized Cor	porate Officer		
	,				
DATE:	TELEPHONE	NIIIMDED.	EMPLOYER	DENTIFICAT	ION NUMBER:
	TELEFTIONE	, NOMBER.	(Note: NOT Ind		
		• (4)			
	signed, attest that we are i signed by the building insp				
named license	and (2) the certificate of l				
of 2010.					
Please Check Belov	<u>w:</u>		LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVE (If disapproved	—				
(11 disappioved	Capiani)				
DATE:					
APPLICATION FOR	RENEWAL MUST BE FILED BY LIC	ENSEES DURING THE	MONTH OF NOVEMBER (M	.G.L. Ch. 138 \$ 16	jA)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: ()77800041		CITY OR TOWN	NEW BED	FORD
APPLICATION FOR F	RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: N	M & C CAFE INC.				
DOING BUSINESS A	M & C REST. & I	LOUNGE			
ADDRESS 432-36 BE	LLEVILLE AVE.				
CITY/TOWN: NEW	BEDFORD	STATE: MA	ZIP CODE:	02746	
MANAGER: MELO, A.	, MICHAEL TYPI	E OF LICENSE: R	estaurant C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLI	EASE ALSO VISIT OUR WEI	BSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF LI	CENSED PREMIS	ES:			
TWO ROOMS AND K IN CELLAR	ITCHEN ON THE	FIRST FLOOR O	F A ONE STORY B	LDG WITH S	STOCK
I hereby certify and swe	ear under penalties	of perjury that:			
1. the renewed	license will be of the	he same type for th	e same premises now	licensed;	
2. the licensee	has complied with a	all laws of the Com	monwealth relating t	o taxes; and	
3. the premises	s are now open for b	ousiness (If not exp	lain below)		
SIGNED BY					
]	Individual, Partner of	or Authorized Corp	orate Officer		
DATE:	TELEPHONE	E NUMBER:			TION NUMBER:
			(Note: NOT Inc	iividuai Sociai S	Security Number)
We the undersigned, Acts of 2004, signed be named license and (2) of 2010.	y the building insp	pector and the hea	d of the fire depart	ment for the	above
Please Check Below:			LOCAL LICENS	SING AUTH	ORITY
APPROVED:	٦		By:		
DISAPPROVED:					
(If disapproved explain)				
DATE:			-		



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0778000	42	CITY OR TOWN	NEW BEDFORD
APPLICATION FOR RENEW	AL: Annual	LICENS	SED FOR 2013
	CLASS		YEAR
LICENSEE NAME: ALCOR	CAFES INC.		
DOING BUSINESS A AL'S C	AFE		
ADDRESS 577 BELLEVILLE	AVE.		
CITY/TOWN: NEW BEDFO	RD STATE: M	A ZIP CODE:	02745
MANAGER: CORDEIRO, ALSUINO G.	TYPE OF LICENSE:	Restaurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO	VISIT OUR WEBSITE AND ENTER YOU	UR EMAIL ADDRESS	
DESCRIPTION OF LICENSEI ONE ROOM AND KITCHEN		F A THREE STORY B	LDG WITH STOCK
IN CELLAR			
2. the licensee has com 3. the premises are nov SIGNED BY	will be of the same type for applied with all laws of the Cov open for business (If not expected by the control of the coverage of the coverag	ommonwealth relating to xplain below)	
Individu	al, Partner or Authorized Co	orporate Officer	
DATE: TE	ELEPHONE NUMBER:		IDENTIFICATION NUMBER: ividual Social Security Number)
We the undersigned, attest the Acts of 2004, signed by the broamed license and (2) the cert of 2010.	uilding inspector and the h	ead of the fire departr	nent for the above
Please Check Below:		LOCAL LICENS	ING AUTHORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	ER: 077800043		CITY OR TOWN	NEW BED	FORD
APPLICATION FO	OR RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME	E: A & E JACINTO, I	îNC.			
DOING BUSINESS	S A BON APETITE				
ADDRESS 703 BE	LLEVILLE AVE.				
CITY/TOWN: NE	EW BEDFORD	STATE: MA	ZIP CODE:	02745	
	CINTO, TYP TONIO	PE OF LICENSE: R	Restaurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS	S:				
	PLEASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF	F LICENSED PREMIS	SES:			
TWO ROOMS AN IN REAR ROOM	D KITCHEN ON THE	E FIRST FLOOR (OF A ONE STORY BI	LDG WITH S	STOCK
	swear under penalties wed license will be of t		ne same premises now	licensed;	
	see has complied with		=		
3. the prem	nises are now open for	business (If not ex	plain below)		
SIGNED BY					
	Individual, Partner	or Authorized Cor	porate Officer		
DATE:					Y0111111111111111111111111111111111111
DATE.	TELEPHON	E NUMBER:	(Note: NOT Ind		CION NUMBER: ecurity Number)
Acts of 2004, sign	ed, attest that we are ed by the building ins d (2) the certificate of	spector and the he	ad of the fire departi	ment for the	above
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY
APPROVED:]		By:		
DISAPPROVED:	1.:.)				
(If disapproved exp	iain)				
DATE:					

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



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LICENSE NUMBER:	077800044		CITY	OR TOWN	NEW BED	DFORD
APPLICATION FOR 1	RENEWAL:	Annua		LICE	NSED FOR 2	013
		CLASS	S			YEAR
LICENSEE NAME:	MARISQUEIRA M	ADEIRA, INC	C.			
DOING BUSINESS A	COTALI MAR RE	STAURANTI	3			
ADDRESS 1178 ACU	SHNET AVE.					
CITY/TOWN: NEW	BEDFORD	STATE:	MA ZI	P CODE:	02746	
MANAGER: MADE CARLO		E OF LICENS	E:Restaurant	(CATEGORY:	All Alcohol
EMAIL ADDRESS:						
PL	LEASE ALSO VISIT OUR WEB	SITE AND ENTER Y	OUR EMAIL ADD	RESS		_
DESCRIPTION OF LI						
2 STORY CONSISTIN AREA. 2ND FL. FUN AND EXIT AT REAR	CTION ROOM W/ I	BAR. ONE EN	NTRANCE/ I			
I hereby certify and sw	ear under penalties o	of perjury that:				
1. the renewed	d license will be of th	e same type fo	or the same p	remises no	w licensed;	
2. the licensee	has complied with a	ll laws of the	Commonwea	lth relating	to taxes; and	
3. the premise	es are now open for b	usiness (If not	explain belo	w)		
SIGNED BY	Individual, Partner o	r Authorized (Corporate Of	ficer		
DATE:				EMBLOW.		EION NUMBER
DATE.	TELEPHONE	NUMBER:	(1		ER IDENTIFICAT ndividual Social S	
We the undersigned, Acts of 2004, signed I named license and (2 of 2010.	by the building insp	ector and the	head of the	fire depar	tment for the	above
Please Check Below:			LOC	AL LICEN	ISING AUTH	ORITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved explain	1)					
DATE:						
D131L.						



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LICENSE NUMI	BER: 077800045		CITY OR TOWN NEW BI	EDFORD
APPLICATION 1	FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE NAM	ME: ME AND ED'S RES	STAURANT, INC.		
DOING BUSINE	ESS A			
ADDRESS 30 BI	ROCK AVE.			
CITY/TOWN: N	NEW BEDFORD	STATE: MA	ZIP CODE: 02744	
MANAGER: S'	TELLATO, JOHN TYP. I,	E OF LICENSE: Resi	taurant CATEGORY	Y: All Alcohol
EMAIL ADDRE	SS:			
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR EM	AIL ADDRESS	
	OF LICENSED PREMIS			
	AND STOCK ROOM ON OF A ONE STORY BLDO		R AND ONE ROOM AND KI	TCHEN IN
I hereby certify a	nd swear under penalties	of perjury that:		
1. the rea	newed license will be of the	he same type for the	same premises now licensed;	
2. the lic	ensee has complied with	all laws of the Comm	onwealth relating to taxes; an	d
3. the pro	emises are now open for l	ousiness (If not expla	in below)	
SIGNED BY				
	Individual, Partner	or Authorized Corpor	rate Officer	
DATE:	TELEPHONE	E NUMBER:	EMPLOYER IDENTIFIC	
			(Note: NOT Individual Social	al Security Number)
Acts of 2004, sig	gned by the building ins	pector and the head	certificate required by Cha of the fire department for t rance required by Chapter 1	he above
Please Check Below:	<u>.</u>		LOCAL LICENSING AUT	HORITY
APPROVED:			By:	
DISAPPROVED				
(If disapproved e	xpialii)			
DATE:				



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LICENSE NUMB	ER: 077800047		CI	TY OR TOW	N NEW BEL	DFORD
APPLICATION F	OR RENEWAL:	Annu	al	LIC	ENSED FOR 2	.013
		CLAS	SS			YEAR
LICENSEE NAMI DOING BUSINES ADDRESS 578-58		GRILLE, LLC				
CITY/TOWN: N	EW BEDFORD	STATE:	MA	ZIP CODE:	02744	
MANAGER: DE	E MELO, TY	PE OF LICENS	SE:Restau	rant	CATEGORY:	All Alcohol
EMAIL ADDRES	S:					
	PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER	YOUR EMAIL	ADDRESS		
	F LICENSED PREMI					
	ON THE FIRST FLOO OF A ONE STORY				IEN AND OFFI	ICE IN
I hereby certify and	d swear under penaltie	s of perjury tha	t :			
1. the rene	ewed license will be of	f the same type	for the san	ne premises n	ow licensed;	
2. the lice	nsee has complied with	h all laws of the	Common	wealth relatir	ng to taxes; and	
3. the prei	mises are now open for	r business (If no	t explain l	below)		
SIGNED BY	Individual, Partne	r or Authorized	Corporate	e Officer		
DATE:	TELEPHON	NE NUMBER:			YER IDENTIFICA Individual Social	
Acts of 2004, sign	ned, attest that we ar ned by the building in d (2) the certificate o	spector and th	e head of	the fire depa	artment for the	e above
Please Check Below:	_		I	OCAL LICE	ENSING AUTH	ORITY
APPROVED:			F	Зу:		
DISAPPROVED: (If disapproved ex	L plain)		-			
(11 disappioved ex	γιαι!!)		-			
DATE.			-			
DATE:			-			
APPLICATION FOR REN	NEWAL MUST BE FILED BY	LICENSEES DURING	THE MONT	H OF NOVEMBE	R (M.G.L. Ch. 138 \$ 1	16A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUI	MBER: 077800048		CITY OR TOWN NEV	V BEDFORD
APPLICATIO	N FOR RENEWAL:	: Annual	LICENSED F	FOR 2013
		CLASS		YEAR
LICENSEE NA	AME: CARREIRO	'S PUB 126 BAR & GRIL	L, INC	
DOING BUSI	NESS A			
ADDRESS 120	6 DARTMOUTH S	ГКЕЕТ		
CITY/TOWN:	NEW BEDFORD	STATE: MA	ZIP CODE: 027	40
MANAGER:	CARREIRO, CARLOS	TYPE OF LICENSE:R	estaurant CATEG	ORY: All Alcohol
EMAIL ADDF	RESS:			
	PLEASE ALSO VISI	T OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
	N OF LICENSED P			
REAR OF TH	E KITCHEN. THER	RE IS ONE ENTRANCE/E	TROOMS, WIT STORAG EXIT LOCATED DIRECTL HE REAR OF BUILDING	
I hereby certify	and swear under pe	enalties of perjury that:		
1. the	renewed license will	be of the same type for th	e same premises now licens	ed;
2. the	licensee has complie	ed with all laws of the Con	nmonwealth relating to taxes	s; and
3. the	premises are now op	en for business (If not exp	plain below)	
SIGNED BY	Individual, l	Partner or Authorized Corp	porate Officer	
DATE:	TELE	PHONE NUMBER:		TIFICATION NUMBER:
			(Note: NOT Individual	Social Security Number)
Acts of 2004,	signed by the build	ing inspector and the hea	he certificate required by ad of the fire department f surance required by Chapt	or the above
Please Check Belo	DW:		LOCAL LICENSING A	AUTHORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	i explain)			
DATE:				
~				

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



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LICENSE NUMBER: 077800049		CITY OR TOWN	NEW BEDI	FORD
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20	13
	CLASS			YEAR
LICENSEE NAME: MADEIRA CA	FÉ INC			
DOING BUSINESS A MADEIRA CA	FE			
ADDRESS 070-76 CHURCH ST.				
CITY/TOWN: NEW BEDFORD	STATE: MA	ZIP CODE:	02746	
MANAGER: DACOSTA, CAROLINE	YPE OF LICENSE: Res	staurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR	R WEBSITE AND ENTER YOUR E	MAIL ADDRESS		ı
DESCRIPTION OF LICENSED PREM	MISES:			
FOUR ROOMS AND KITCHEN ON T	ΓHE FIRST FLOOR O	F A 3 STORY BLDO	G WITH STO	OCK IN
 the renewed license will be of the licensee has complied with the premises are now open for the premises are now open for the premises. 	ith all laws of the Comr	nonwealth relating to		
SIGNED BY Individual, Partr	ner or Authorized Corpo	orate Officer		
DATE: TELEPHO	ONE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind	IDENTIFICAT	
We the undersigned, attest that we a Acts of 2004, signed by the building named license and (2) the certificate of 2010.	inspector and the head	l of the fire departr	nent for the	above
Please Check Below:		LOCAL LICENS	ING AUTHO	ORITY
APPROVED:		By:		
DISAPPROVED:				
(If disapproved explain)				
DATE:				



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LICENSE NUI	MBER: 077800050		CITY OR TOWN	NEW BEDFORD
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
	AME: BARBOSA & RAI NESS A TILIA'S CAFÉ &			
ADDRESS 16	15 ACUSHNET AVE.			
CITY/TOWN:	NEW BEDFORD	STATE: MA	ZIP CODE:	02746
MANAGER:	BARBOSA,JOSE TYI	PE OF LICENSE: R	estaurant Ca	ATEGORY: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION	N OF LICENSED PREMIS	SES:		
1ST FLOOR V ON THE SOU	M APPROX 62'X60' WIT: VITH STOCK IN BASEM THWEST CORNER OF A USHNET AVE.	ENT. PREMISES	IS A O NE-STORY E	BULD. SITUATED
I hereby certify	and swear under penalties	s of perjury that:		
1. the	renewed license will be of	the same type for th	ne same premises now	licensed;
2. the	licensee has complied with	all laws of the Con	nmonwealth relating to	o taxes; and
3. the	premises are now open for	business (If not exp	olain below)	
SIGNED BY	Individual, Partner	or Authorized Corp	porate Officer	
DATE				
DATE:	TELEPHON	E NUMBER:		R IDENTIFICATION NUMBER: lividual Social Security Number)
			(1000. <u>1101</u> III0	iividuai Sociai Security (vuinbei)
Acts of 2004,	rsigned, attest that we are signed by the building ins e and (2) the certificate of	spector and the he	ad of the fire departı	ment for the above
Please Check Belo	<u>ow:</u>		LOCAL LICENS	SING AUTHORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	i expiain)			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	:077800051		CHY	OR TOWN	NEW DEL	DrukD
APPLICATION FOR	RENEWAL:	Annual		LICEN	ISED FOR 2	013
		CLASS				YEAR
LICENSEE NAME:	ARBCO CORP					
DOING BUSINESS A	A RED J'S COL	ONIAL LOUNGE				
ADDRESS 24 CLIFF	FORD ST.					
CITY/TOWN: NEW	BEDFORD	STATE: MA	ZI	P CODE:	02745	
MANAGER: DeCo	esta, Edward	ΓΥΡΕ OF LICENSE: R	estaurant	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
1	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR	EMAIL ADDI	RESS		
DESCRIPTION OF I						
THREE ROOMS AN A TWO STORY BLI		N THE FIRST FLOOR CK IN CELLAR	R AND OI	NE ROOM	ON THE SEC	COND OF
I hereby certify and sy	wear under penal	ties of perjury that:				
1. the renewe	ed license will be	of the same type for the	ne same p	remises now	v licensed;	
	•	with all laws of the Cor		_	to taxes; and	
3. the premis	ses are now open	for business (If not exp	olain belo	ow)		
SIGNED BY	Individual, Part	tner or Authorized Cor	porate Of	ficer		
	·					
DATE:	TEI EDH	ONE NUMBER:		EMPLOYE	R IDENTIFICAT	ΓΙΟΝ NUMBER:
	TEEETTI	ONE WOWIDER.	(1	Note: NOT In	dividual Social S	Security Number)
Acts of 2004, signed	by the building	are in possession (1) to inspector and the he	ad of the	fire depart	ment for the	above
Please Check Below:			LOC	CAL LICEN	SING AUTH	ORITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved expla	ın)					
DATE:						

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



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LICENSE NUMBER:	077800052		CITY OR TOWN	NEW BED	FORD
APPLICATION FOR 1	RENEWAL:	Annual	LICEN	ISED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	MARTINHO & AFO	NSO, INC.			
DOING BUSINESS A	ANTONIO'S REST	AURANT			
ADDRESS 267-71 CO	OGGESHALL				
CITY/TOWN: NEW	BEDFORD	STATE: MA	ZIP CODE:	02746	
MANAGER: MART ANTO	· · · · · · · · · · · · · · · · · · ·	OF LICENSE: Re	estaurant C	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
PL	EASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR I	EMAIL ADDRESS		_
DESCRIPTION OF LI	CENSED PREMISE	S:			
TWO ROOMS AND F AND STOCKROOM (FICE
I hereby certify and sw	ear under penalties of	f perjury that:			
1. the renewed	l license will be of the	e same type for the	e same premises now	licensed;	
2. the licensee	has complied with al	l laws of the Com	monwealth relating t	to taxes; and	
3. the premise	s are now open for bu	ısiness (If not exp	lain below)		
SIGNED BY					
	Individual, Partner or	: Authorized Corp	orate Officer		
DATE:	TELEPHONE	NUMBER:			TION NUMBER:
			(Note: NOT In	dividual Social S	Security Number)
We the undersigned, Acts of 2004, signed I named license and (2 of 2010.	by the building inspe	ector and the hea	d of the fire depart	ment for the	above
Please Check Below:			LOCAL LICENS	SING AUTH	ORITY
APPROVED:	_		By:		
DISAPPROVED:					
(If disapproved explain	1)		-		
DATE:					



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LICENSE NUMBER: 0	//800053		CITY OR TOWN	NEW DEDFORD
APPLICATION FOR R	ENEWAL:	Annual	LICEN	ISED FOR 2013
		CLASS		YEAR
LICENSEE NAME: E	ND ZONE SPOR	TS PUB, INC.		
DOING BUSINESS A	END ZONE SPO	RTS PUB		
ADDRESS 218 COGGI	ESHALL ST.			
CITY/TOWN: NEW B	EDFORD	STATE: MA	ZIP CODE:	02746
MANAGER: DEMEL M.	LO, TROY TYP	PE OF LICENSE: Res	taurant C	ATEGORY: All Alcohol
EMAIL ADDRESS:				
PLE	ASE ALSO VISIT OUR WI	EBSITE AND ENTER YOUR EM	IAIL ADDRESS	
DESCRIPTION OF LIC	CENSED PREMIS	SES:		
ADDING AN UPSTAIF HAVE AN AWNING C PARKING LOT- SITUA BELLEVILLE AVE. AI	ANOPY AND WATED ON THE S	HICH WILL NOT O	VERHANG ANY GGESHALL STRI	PART OF THE EE BETWEEN
I hereby certify and swe	ar under penalties	of perjury that:		
		the same type for the	•	
	•	all laws of the Comm	C	to taxes; and
3. the premises	are now open for	business (If not expla	in below)	
SIGNED BY	ndividual, Partner	or Authorized Corpo	rate Officer	
DATE:	TELEPHON	E NUMBER:	EMPLOYE	R IDENTIFICATION NUMBER:
		BITOMBER	(Note: NOT In	dividual Social Security Number)
Acts of 2004, signed by	y the building ins	pector and the head	of the fire depart	red by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Below: APPROVED: DISAPPROVED:			LOCAL LICEN: By:	SING AUTHORITY
(If disapproved explain)				
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 077800054		CITY O	R TOWN	NEW BEDI	FORD
APPLICATION FO	R RENEWAL:	Annual		LICEN	SED FOR 20	13
		CLASS				YEAR
LICENSEE NAME:	: CLUB RECORDACO	DES DE PORT	UGAL INC			
DOING BUSINESS	5 A					
ADDRESS 253 CO	GGESHALL ST.					
CITY/TOWN: NE	W BEDFORD	STATE: M	A ZIP	CODE:	02746	
	RTINS, TYPE ARDO	OF LICENSE:	Club	Ca	ATEGORY:	All Alcohol
EMAIL ADDRESS	:					
	PLEASE ALSO VISIT OUR WEBS		JR EMAIL ADDRE	SS		
	LICENSED PREMISE					
	N THE FIRST FLOOR FH STOCK IN CELLAI		OM IN THE	E BASEME	INT OF A TH	IREE
I hereby certify and	swear under penalties of	perjury that:				
1. the renew	wed license will be of the	e same type for	the same pre	mises now	licensed;	
2. the licens	see has complied with al	l laws of the Co	ommonwealt	h relating to	taxes; and	
3. the prem	ises are now open for bu	siness (If not e	xplain below	['])		
SIGNED BY						
	Individual, Partner or	Authorized Co	orporate Offi	cer		
DATE:	TELEPHONE 1	NUMBER:	(NI		DENTIFICAT	
			(140	ole: NOT Ind	ividual Social Se	ecurity Number)
Acts of 2004, signe	ed, attest that we are in ed by the building inspe- (2) the certificate of lice	ector and the h	ead of the f	ire departı	nent for the	above
Please Check Below:			LOCA	L LICENS	ING AUTHO	ORITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved expl	aın)					
DATE:						

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



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LICENSE NUMBER:	.077800055		CITY (OR TOWN	NEW BED	FORD
APPLICATION FOR	RENEWAL:	Annual		LICEN	SED FOR 20	013
		CLASS	3			YEAR
LICENSEE NAME:	CLIPPER RESTA	URANT INC.				
DOING BUSINESS A	A FERNANDO'S S	PORTS BAR				
ADDRESS 116 COU	NTY ST.					
CITY/TOWN: NEW	BEDFORD	STATE:	MA ZII	P CODE:	02744	
MANAGER: AMAI FERN	RAL, TYI	PE OF LICENSI	E:Restaurant	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
P	LEASE ALSO VISIT OUR W	EBSITE AND ENTER Y	OUR EMAIL ADDR	RESS		
DESCRIPTION OF L						
TWO ROOMS AND STOCK ON FIRST F		E FIRST FLOOI	R OF A THR	EE STORY	BLDG WIT	H
I hereby certify and sv	vear under penalties	s of perjury that:				
1. the renewe	d license will be of	the same type fo	or the same pr	emises now	licensed;	
2. the license	e has complied with	all laws of the	Commonweal	th relating t	to taxes; and	
3. the premise	es are now open for	business (If not	explain belov	w)		
SIGNED BY						
	Individual, Partner	or Authorized (Corporate Off	ficer		
DATE:	TELEPHON	IE NUMBER:	()			TION NUMBER:
			(1)	Note. NOT In	arviduai Sociai S	Security Number)
We the undersigned Acts of 2004, signed named license and (2 of 2010.	by the building in	spector and the	head of the	fire depart	ment for the	above
Please Check Below:			LOC	AL LICENS	SING AUTH	ORITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved explai	n)					
DATE:						



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LICENSE NUMBER: 077800056	(CITY OR TOWN NEW BEL	DFORD
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2	013
	CLASS		YEAR
LICENSEE NAME: WAMSUTTA CL DOING BUSINESS A ADDRESS 427 COUNTY ST.	UB		
CITY/TOWN: NEW BEDFORD	STATE: MA	ZIP CODE: 02740	
MANAGER: BOUCHARD, TY	PE OF LICENSE: Club	CATEGORY:	All Alcohol
EMAIL ADDRESS:			
DESCRIPTION OF LICENSED PREMITHE ENTIRE 3 STORY BLDG WITH I hereby certify and swear under penaltie	STOCK IN CELLAR es of perjury that:		
 the renewed license will be of the licensee has complied wit 	• •	•	
3. the premises are now open fo		•	
SIGNED BY Individual, Partne	er or Authorized Corpora	ate Officer	
DATE: TELEPHON	NE NUMBER:	EMPLOYER IDENTIFICA' (Note: NOT Individual Social S	
We the undersigned, attest that we are Acts of 2004, signed by the building in named license and (2) the certificate of 2010.	spector and the head o	of the fire department for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTH By:	ORITY
DATE:			



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LICENSE NU	MBER: 077800058		CITY OR TOWN NEW	/ BEDFORD
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED F	OR 2013
		CLASS		YEAR
LICENSEE N	AME: O ESCOND	IDINHO, INC.		
DOING BUSI	NESS A			
ADDRESS 11	0-14 COUNTY ST.			
CITY/TOWN:	: NEW BEDFORD	STATE: MA	ZIP CODE: 0274	44
MANAGER:	SEBASTION, RENEE Y.	TYPE OF LICENSE: Res	taurant CATEGO	ORY: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT	Γ OUR WEBSITE AND ENTER YOUR EM	AIL ADDRESS	
DESCRIPTIO	N OF LICENSED P	REMISES:		
TWO ROOMS STOCK IN CI		N THE FIRST FLOOR OF	A THREE STORY BLDC	3 WITH
I hereby certify	y and swear under pe	nalties of perjury that:		
1. the	renewed license will	be of the same type for the	same premises now license	ed;
2. the	licensee has complie	ed with all laws of the Comm	nonwealth relating to taxes	; and
3. the	premises are now op	en for business (If not expla	in below)	
SIGNED BY				
	Individual, I	Partner or Authorized Corpor	rate Officer	
DATE:	TELE	PHONE NUMBER:		TIFICATION NUMBER:
			(Note: NOT Individual S	Social Security Number)
Acts of 2004,	signed by the build	we are in possession (1) the ing inspector and the head cate of liquor liability insur	of the fire department fo	or the above
Please Check Bel	ow:		LOCAL LICENSING A	AUTHORITY
APPROVED:			By:	
DISAPPROVI				
(If disapprove	u expiain)		_	
				 -
DATE:				



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50	CITY OR TOWN NEW B	EDFORD
AL: Annual	LICENSED FOR	2013
CLASS		YEAR
ERPRISES INC.		
IS 18		
VAY		
STATE: MA	ZIP CODE: 02746	
TYPE OF LICENSE: Re	staurant CATEGOR	Y: Wine and Malt Regular
/ISIT OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
PREMISES:		
		OMS,
penalties of perjury that:		
vill be of the same type for the	same premises now licensed;	
olied with all laws of the Com	nonwealth relating to taxes; ar	nd
open for business (If not expl	ain below)	
l, Partner or Authorized Corpo	orate Officer	
LEPHONE NUMBER:	EMPLOYER IDENTIFIC	
	(Note: NOT Individual Soci	al Security Number)
ilding inspector and the head	d of the fire department for t	the above
	LOCAL LICENSING AUT	THORITY
	By:	
	AL: Annual CLASS CERPRISES INC. (S 18 VAY ED STATE: MA TYPE OF LICENSE: Res PREMISES: ROOMS FOR ALCOHOL COSTOCK IN OFFICE AND ST penalties of perjury that: vill be of the same type for the oblied with all laws of the Commopen for business (If not expl.) I, Partner or Authorized Corporate the property of the commopen for business (If not expl.) LEPHONE NUMBER:	CLASS CERPRISES INC. S 18 VAY CD STATE: MA ZIP CODE: 02746 TYPE OF LICENSE: Restaurant CATEGOR CENTRO OF LICENSE: Restaurant CATEGOR CENTRO OF ALCOHOL CONSUMPTION, 2 RESTROC STOCK IN OFFICE AND STORAGE ROOM. Penalties of perjury that: will be of the same type for the same premises now licensed; blied with all laws of the Commonwealth relating to taxes; ar open for business (If not explain below) 1. Partner or Authorized Corporate Officer CEPHONE NUMBER: EMPLOYER IDENTIFICATION (Note: NOT Individual Social we are in possession (1) the certificate required by Chapter in the control of the



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LICENSE NU	MBER: 077800061		CITY OR TOWN	NEW BEDFORD
APPLICATIO	N FOR RENEWAL:	Annual	LICENS	ED FOR 2013
		CLASS		YEAR
LICENSEE N	AME: CASSANDRA, I	NC.		
DOING BUSI	NESS A REDWOOD SA	LOON		
ADDRESS 15	666 COVE RD.			
CITY/TOWN	: NEW BEDFORD	STATE: MA	ZIP CODE:	02740
MANAGER:	FARIA, ROBERT TY A. JR.	PE OF LICENSE: Ge	neral on CA'	TEGORY: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PREM	ISES:		
ONE ROOM	ON THE FIRST FLOOR	OF A ONE STORY B	LDG WITH STOCK	IN CELLAR
I hereby certify	y and swear under penaltie	es of perjury that:		
1. the	renewed license will be o	f the same type for the	same premises now li	censed;
2. the	licensee has complied wit	th all laws of the Com	nonwealth relating to	taxes; and
3. the	premises are now open for	or business (If not expl	ain below)	
SIGNED BY		er or Authorized Corpo	orate Officer	
DATE:	TELEPHO	NE NUMBER:		DENTIFICATION NUMBER: ridual Social Security Number)
Acts of 2004,	rsigned, attest that we ar signed by the building in e and (2) the certificate (nspector and the head	d of the fire departm	ent for the above
Please Check Bel			LOCAL LICENSII	NG AUTHORITY
APPROVED:			By:	
DISAPPROVI (If disapprove				
(11 uisappiove	u expiaiii)			
DATE:			-	
APPLICATION FOI	R RENEWAL MUST BE FILED BY	LICENSEES DURING THE M	ONTH OF NOVEMBER (M.C	G.L. Ch. 138 \$ 16A)



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LICENSE NU	MBER: 077800062		CITY OR TOWN	NEW BEDFORD	
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	SED FOR 2013	
		CLASS		YEAR	
LICENSEE NA	AME: FIRST BASE (CAFE INC.			
DOING BUSI	NESS A				
ADDRESS 03	8-42 COVE ST.				
CITY/TOWN:	NEW BEDFORD	STATE: M	A ZIP CODE:	02744	
MANAGER:	PERZENTZ JR., RICHARD F.	TYPE OF LICENSE:	Restaurant C.	ATEGORY: All Alcoh	ıol
EMAIL ADDI	RESS:				
	PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOU	R EMAIL ADDRESS		
	N OF LICENSED PRE				
TWO ROOMS STOCK IN CE	S AND KITCHEN ON ELLAR	THE FIRST FLOOR	OF A THREE STORY	BLDG WITH	
I hereby certify	y and swear under pena	lties of perjury that:			
1. the	renewed license will be	e of the same type for	the same premises now	licensed;	
2. the	licensee has complied	with all laws of the Co	mmonwealth relating t	o taxes; and	
3. the	premises are now open	for business (If not ex	xplain below)		
SIGNED BY					
	Individual, Par	tner or Authorized Co	rporate Officer		
DATE:	TELEPH	IONE NUMBER:		R IDENTIFICATION NUMBER	
			(Note: NOT Inc	dividual Social Security Numb	er)
				ed by Chapter 304 of the	he
	signed by the building e and (2) the certificat			Chapter 116 of the Act	ts
of 2010.				_	
Please Check Belo	ow:		LOCAL LICENS	SING AUTHORITY	
APPROVED:			By:		
DISAPPROVI					
(If disapproved	a explain)				
DATE:					



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LICENSE NU	MBER: 077800063		CITY OR TOWN	NEW BED	FORD
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	SED FOR 20)13
		CLASS			YEAR
LICENSEE N.	AME: HORTA'S FISH MA	ARKET,INC.			
DOING BUSI	NESS A				
ADDRESS 68	COVE ST.				
CITY/TOWN:	: NEW BEDFORD	STATE: MA	ZIP CODE:	02744	
MANAGER:	FERREIRA,FERNA TYPI NDA	E OF LICENSE: Re	estaurant Ca	ATEGORY:	Wine and Malt Regular
EMAIL ADDI	RESS:				
	PLEASE ALSO VISIT OUR WEE	BSITE AND ENTER YOUR I	EMAIL ADDRESS		_
	N OF LICENSED PREMISI				
ONE ROOM A STOCK IN CH	AND KITCHEN ON THE F ELLAR	IRST FLOOR OF	A THREE STORY B	UILDING W	/ITH
I hereby certify	y and swear under penalties of	of perjury that:			
1. the	renewed license will be of the	he same type for the	e same premises now	licensed;	
2. the	licensee has complied with a	all laws of the Com	monwealth relating to	o taxes; and	
3. the	premises are now open for b	ousiness (If not exp	lain below)		
SIGNED BY					
	Individual, Partner of	or Authorized Corp	orate Officer		
D					
DATE:	TELEPHONE	E NUMBER:			ION NUMBER:
			(Note: NOT Ind	ividual Social S	ecurity Number)
Acts of 2004,	rsigned, attest that we are i signed by the building insp e and (2) the certificate of l	pector and the hea	d of the fire departi	ment for the	above
Please Check Bel	ow:		LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVI					
(If disapproved	a explain)				<u> </u>
			-		
DATE:					



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LICENSE NUMBER: 077800064		CITY OR TOWN NEW B	BEDFORD
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR	R 2013
	CLASS		YEAR
LICENSEE NAME: DANIELS O DOING BUSINESS A BRICK	OGGIN INC.		
ADDRESS 163 UNION STREET			
CITY/TOWN: NEW BEDFORD	STATE: MA	ZIP CODE: 02740	
MANAGER: GOGGIN, JEFFRE	Y TYPE OF LICENSE: Re	estaurant CATEGOR	RY: Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE ALSO VISIT	T OUR WEBSITE AND ENTER YOUR F	EMAIL ADDRESS	
	TH APPRX. 16 TABLES IN TER, WHICH WILL ALS ANDICAP ACCESSIBLE IN TCHEN AREA, WHICH IS TORAGE AREA, A COUNTY AND THE TORAGE AREA, A COUNTY WILL REMAINS OF THE TORAGE AREA TO THE TORAGE AREA TO THE TORAGE AND THE TORAG	FOR DINING, A TAKE OUT TO HABE 6 SEATS FOR THE BATHROOM; THE REST OF WILL INCLUDE A COOLER OKING AND PREP AREA, A CATED IN A STREET LEVE MAIN NUMBERED 163 UNIT the same premises now licensed; monwealth relating to taxes; a	AREA, E SERVICE F THE E FOR THE A WALK IN EL STROE ON STREET
SIGNED BY Individual, F	Partner or Authorized Corp	orate Officer	
DATE: TELE	PHONE NUMBER:	EMPLOYER IDENTIFI (Note: <u>NOT</u> Individual Soc	
We the undersigned, attest that vacts of 2004, signed by the build named license and (2) the certific of 2010.	ing inspector and the hea	d of the fire department for	the above
Please Check Below:		LOCAL LICENSING AU	THORITY
APPROVED:		By:	
DISAPPROVED:		-	
(If disapproved explain)		-	



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	<u>ON PRI</u>	<u>EMISES LICENSE REF</u>	NEWAL APPLICAT	<u>HON</u>
LICENSE NU	MBER: 077800065		CITY OR TOWN	NEW BEDFORD
APPLICATIO	N FOR RENEWAL:	Annual	al LICENSED FOR 2013	
		CLASS		YEAR
LICENSEE N.	AME: BECKY D., 1	INC		
DOING BUSI	NESS A SOUTHSIE	DE ANNIE'S		
ADDRESS 11	4 COVE ST.			
CITY/TOWN:	: NEW BEDFORD	STATE: MA	ZIP CODE:	02744
MANAGER:	DEMERS, ANNETTE	TYPE OF LICENSE: G	eneral on Caremise	ATEGORY: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PR	REMISES:		
	ON THE FIRST FLO G WITH STOCK IN	OR AND ONE ROOM O CELLAR	N THE SECOND FL	OOR OF A THREE
I hereby certify	y and swear under per	nalties of perjury that:		
1. the	renewed license will	be of the same type for th	e same premises now	licensed;
2. the	licensee has complie	d with all laws of the Con	monwealth relating to	o taxes; and
	_	en for business (If not exp	_	
SIGNED BY				
SIGINED DI	Individual, P	artner or Authorized Corp	orate Officer	
			_	
DATE:	TELEI	PHONE NUMBER:	EMPLOYER	R IDENTIFICATION NUMBER:
	IBBS	TIONE INCHIBER.	(Note: NOT Ind	lividual Social Security Number)
Acts of 2004,	signed by the buildi	ing inspector and the hea	nd of the fire departi	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Bel	ow:		LOCAL LICENS	SING AUTHORITY
APPROVED:			By:	into no montr
DISAPPROVI	ED:		,	
(If disapproved	d explain)			
DATE:				



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LICENSE NUMBER: 077800066	(CITY OR TOWN	NEW BEDI	FORD
APPLICATION FOR RENEWAL:	Annual CLASS	LICENS	SED FOR 20	13 YEAR
LICENSEE NAME: MEE HONG, INC DOING BUSINESS A MEE HONG REST	`.			
ADDRESS 120 COVE ST.				
CITY/TOWN: NEW BEDFORD	STATE: MA	ZIP CODE:	02744	
MANAGER: MARK, ANDREW TYPE	OF LICENSE: Resta	aurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
DESCRIPTION OF LICENSED PREMISE 120 COVE ST.; THREE ROOMS, KITCHI FLOOR OF A THREE STORY BLDG. WI	ES: EN, TWO HANDIC	APPED RESTROC		
THE SOUTH SIDE OF COVE ST. BETW				
the renewed license will be of th the licensee has complied with a the premises are now open for but SIGNED BY	ll laws of the Commo	onwealth relating to		
Individual, Partner o	r Authorized Corpora	ate Officer		
DATE: TELEPHONE	NUMBER:	EMPLOYER	IDENTIFICAT	ION NUMBER:
122110112	1,01,1221.	(Note: NOT Ind	ividual Social Se	ecurity Number)
We the undersigned, attest that we are in Acts of 2004, signed by the building insp named license and (2) the certificate of li of 2010.	ector and the head	of the fire departn	nent for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 077800067	CITY OR TOWN NEW BEDFORD
APPLICATION FOR RENEWAL: Annu	al LICENSED FOR 2013
CLA	SS YEAR
LICENSEE NAME: PARK RESTAURANT INC.	
DOING BUSINESS A	
ADDRESS 369 RIVET STREET	
CITY/TOWN: NEW BEDFORD STATE:	MA ZIP CODE: 02744
MANAGER: MEDEIROS, TYPE OF LICEN CARLA M.	SE:General on CATEGORY: All Alcohol premise
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AND ENTER	YOUR EMAIL ADDRESS
DESCRIPTION OF LICENSED PREMISES:	
ONE ROOM W/ SEATING FOR 30; KITCHEN, 2 RE FLOOR.	
I hereby certify and swear under penalties of perjury that	
1. the renewed license will be of the same type	
2. the licensee has complied with all laws of the	•
3. the premises are now open for business (If no	ot explain below)
3. the premises are now open for business (If no	ot explain below)
SIGNED BY	
SIGNED BY	
SIGNED BY Individual, Partner or Authorized	l Corporate Officer
SIGNED BY Individual, Partner or Authorized	Corporate Officer EMPLOYER IDENTIFICATION NUMBER:
SIGNED BY Individual, Partner or Authorized DATE: TELEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
SIGNED BY Individual, Partner or Authorized	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) (1) the certificate required by Chapter 304 of the me head of the fire department for the above
SIGNED BY Individual, Partner or Authorized DATE: TELEPHONE NUMBER: We the undersigned, attest that we are in possession Acts of 2004, signed by the building inspector and the signed of the signed by the building inspector and the signed of the signe	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) (1) the certificate required by Chapter 304 of the me head of the fire department for the above
SIGNED BY Individual, Partner or Authorized DATE: TELEPHONE NUMBER: We the undersigned, attest that we are in possession Acts of 2004, signed by the building inspector and the named license and (2) the certificate of liquor liability of 2010. Please Check Below:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) (1) the certificate required by Chapter 304 of the me head of the fire department for the above
SIGNED BY Individual, Partner or Authorized DATE: TELEPHONE NUMBER: We the undersigned, attest that we are in possession Acts of 2004, signed by the building inspector and the named license and (2) the certificate of liquor liability of 2010. Please Check Below: APPROVED:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) (1) the certificate required by Chapter 304 of the ne head of the fire department for the above ty insurance required by Chapter 116 of the Acts
SIGNED BY Individual, Partner or Authorized DATE: TELEPHONE NUMBER: We the undersigned, attest that we are in possession Acts of 2004, signed by the building inspector and the named license and (2) the certificate of liquor liability of 2010. Please Check Below: APPROVED: DISAPPROVED:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) (1) the certificate required by Chapter 304 of the ne head of the fire department for the above ty insurance required by Chapter 116 of the Acts LOCAL LICENSING AUTHORITY
SIGNED BY Individual, Partner or Authorized DATE: TELEPHONE NUMBER: We the undersigned, attest that we are in possession Acts of 2004, signed by the building inspector and the named license and (2) the certificate of liquor liability of 2010. Please Check Below: APPROVED:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) (1) the certificate required by Chapter 304 of the ne head of the fire department for the above ty insurance required by Chapter 116 of the Acts LOCAL LICENSING AUTHORITY
SIGNED BY Individual, Partner or Authorized DATE: TELEPHONE NUMBER: We the undersigned, attest that we are in possession Acts of 2004, signed by the building inspector and the named license and (2) the certificate of liquor liability of 2010. Please Check Below: APPROVED: DISAPPROVED:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) (1) the certificate required by Chapter 304 of the ne head of the fire department for the above ty insurance required by Chapter 116 of the Acts LOCAL LICENSING AUTHORITY

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



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LICENSE NUMBER: 077800068	(CITY OR TOWN NEW	BEDFORD
APPLICATION FOR RENEWAL:	Annual	LICENSED FO	PR 2013
	CLASS		YEAR
LICENSEE NAME: W.T. SPORTS,	, INC		
DOING BUSINESS A LEGENDS SE	PORTS PUB		
ADDRESS 78 COVELL ST.			
CITY/TOWN: NEW BEDFORD	STATE: MA	ZIP CODE: 02745	5
MANAGER: FERREIRA, MANUEL A.	ΓΥΡΕ OF LICENSE: Gene pren		RY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR EMA	AIL ADDRESS	
DESCRIPTION OF LICENSED PRE			
ONE ROOM WITH BAR, LOUNGE, FIRST FLOOR.	, KITCHEN, TWO REST	ROOMS AND STORAGE	ROOM ON
I hereby certify and swear under penal	ties of perjury that:		
1. the renewed license will be	of the same type for the s	ame premises now licensed	l;
2. the licensee has complied v	with all laws of the Comm	onwealth relating to taxes;	and
3. the premises are now open	for business (If not explain	n below)	
SIGNED BY			
Individual, Par	tner or Authorized Corpor	rate Officer	
DATE: TELEPH	ONE NUMBER:	EMPLOYER IDENTIF	
		(Note: NOT Individual So	ocial Security Number)
We the undersigned, attest that we Acts of 2004, signed by the building named license and (2) the certificate of 2010.	g inspector and the head	of the fire department for	r the above
Please Check Below:		LOCAL LICENSING AU	JTHORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
		-	
DATE:			



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LICENSE NU	MBER: 077800070		CITY OR TOWN	NEW BEDFORD
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR 2013	
		CLASS		YEAR
LICENSEE NA	AME: MATTERHOR	RN RE, LLC		
DOING BUSI	NESS A CORK WINE	E & TAPAS BAR		
ADDRESS 90	FRONT STREET			
CITY/TOWN:	NEW BEDFORD	STATE: N	MA ZIP CODE:	02740
MANAGER:	LANAGAN, JASON P.	TYPE OF LICENSE	::Restaurant CA	ATEGORY: All Alcohol
EMAIL ADDF	RESS:			
	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER YO	OUR EMAIL ADDRESS	
	N OF LICENSED PRE			
FOR 30 FOR I	DINING; KITCHEN; 2	RESTROOMS. 2N	LOUNGE W/ BUILT D LEVEL - BAR W/ 14 DCK IN REAR ROOM (SEATS & TABLES
I hereby certify	and swear under pena	lties of perjury that:		
1. the	renewed license will be	e of the same type for	r the same premises now	licensed;
2. the	licensee has complied	with all laws of the C	Commonwealth relating to	taxes; and
3. the	premises are now open	for business (If not	explain below)	
SIGNED BY	Individual, Par	rtner or Authorized C	orporate Officer	
DATE:			EMBLOVED	IDENTIFICATION NUMBER
	TELEPH	HONE NUMBER:		IDENTIFICATION NUMBER: ividual Social Security Number)
Acts of 2004,	signed by the building	g inspector and the	head of the fire departr	ed by Chapter 304 of the nent for the above Chapter 116 of the Acts
Please Check Belo	<u>ow:</u>		LOCAL LICENS	ING AUTHORITY
APPROVED:			By:	
DISAPPROVI				
(If disapproved	i expiaiii)			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 077800072		CITY OR TOW	N NEW BED	FORD
APPLICATION FO	R RENEWAL:	Annual	LICE	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	: WASHINGTON SOC	CIAL & MUSICA	L,CLUB THE		
DOING BUSINESS	SA				
ADDRESS 90 DAV	ID ST.				
CITY/TOWN: NE	W BEDFORD	STATE: MA	ZIP CODE:	02744	
	UGHTON, TYPE MES L.	OF LICENSE:Cl	ub	CATEGORY:	All Alcohol
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR WEBSI	TE AND ENTER YOUR F	MAIL ADDRESS		_
	LICENSED PREMISES				
TWO ROOMS ANI IN CELLAR	D KITCHEN ON THE F	IRST FLOOR OI	F A TWO STORY	BLDG WITH	STOCK
I hereby certify and	swear under penalties of	perjury that:			
1. the renew	wed license will be of the	same type for the	e same premises no	ow licensed;	
2. the licens	see has complied with all	laws of the Com	monwealth relatin	g to taxes; and	
3. the prem	ises are now open for bu	siness (If not exp	ain below)		
SIGNED BY					
	Individual, Partner or	Authorized Corp	orate Officer		
DATE:	TELEPHONE 1	NUMBER:		YER IDENTIFICAT	
			(Note: NOT	Individual Social S	ecurity Number)
Acts of 2004, signe	ed, attest that we are in ed by the building inspe (2) the certificate of lig	ctor and the hea	d of the fire depa	rtment for the	above
Please Check Below:			LOCAL LICE	NSING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expl	lain)				
DATE:					

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



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LICENSE NUM	ABER: 077800073	•	CITY OR TOWN	NEW BEDF	ORD
APPLICATION	N FOR RENEWAL:	Annual	LICENSI	ED FOR 201	13
		CLASS		Ŋ	YEAR
LICENSEE NA	ME: PORTUGUES	SE SPORTS CLUB, INC.			
DOING BUSIN	NESS A				
ADDRESS 56 I	DELANO ST.				
CITY/TOWN:	NEW BEDFORD	STATE: MA	ZIP CODE:	02744	
	RODRIGUES, NELSON A.	TYPE OF LICENSE: Club	CA	TEGORY:	All Alcohol
EMAIL ADDR	ESS:				
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR EMA	AIL ADDRESS		
DESCRIPTION	OF LICENSED PR	EMISES:			
	N THE FIRST FLOO BLDG WITH STOCK	OR AND ONE ROOM ANI K IN CELLAR	O KITCHEN IN BA	SEMENT O	FA
I hereby certify	and swear under pen	alties of perjury that:			
1. the r	enewed license will l	be of the same type for the s	ame premises now li	icensed;	
2. the la	icensee has complied	l with all laws of the Commo	onwealth relating to	taxes; and	
3. the p	oremises are now ope	en for business (If not explai	n below)		
SIGNED BY					
	Individual, Pa	artner or Authorized Corpor	ate Officer		
DATE:	TELEP	HONE NUMBER:		DENTIFICATION OF THE PROPERTY	
			(Note: NOT Indiv	iduai sociai sec	curity Number)
Acts of 2004, s	signed by the building	e are in possession (1) the ng inspector and the head ate of liquor liability insur-	of the fire departm	ent for the a	above
Please Check Belov	<u>w:</u>		LOCAL LICENSII	NG AUTHO	RITY
APPROVED:			By:		
OISAPPROVE					
(If disapproved	expiaiii)				
DATE:					



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LICENSE NUMBER	k: 077800074		CITY OR TOWN	NEW BED	FORD
APPLICATION FOR	R RENEWAL:	Annual	LICEN	ISED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	MWTP RESTAURA	ANT VENTURES,I	NC		
DOING BUSINESS	A DAVY'S LOCKER	ŧ			
ADDRESS 1480 EA	ST RODNEY BLD				
CITY/TOWN: NEV	V BEDFORD	STATE: MA	ZIP CODE:	02744	
MANAGER: DOL JEFF	· · · · · · · · · · · · · · · · · · ·	E OF LICENSE: Re	staurant C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF I	LICENSED PREMISE	ES:			
	KITCHEN AND EXT H STOCK ON FIRST		N THE FIRST FLO	OR OF A ON	NE
I hereby certify and s	wear under penalties of	of perjury that:			
1. the renew	ed license will be of th	e same type for the	same premises now	licensed;	
2. the license	ee has complied with a	ıll laws of the Comi	nonwealth relating t	to taxes; and	
3. the premis	ses are now open for b	usiness (If not expl	ain below)		
SIGNED BY					
	Individual, Partner of	or Authorized Corpo	orate Officer		
DATE:	TELEPHONE	NUMBER:			TION NUMBER:
			(Note: NOT Inc	dividual Social S	Security Number)
Acts of 2004, signed	d, attest that we are in d by the building insp (2) the certificate of li	ector and the head	d of the fire depart	ment for the	above
Please Check Below:			LOCAL LICENS	SING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expla	iin)				
			-		
DATE:					



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LICENSE NUMBE	R: 077800075		CITY OR TOWN	NEW BED	FORD
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	: VILA FRANCA.DO	CAMPO,INC			
DOING BUSINESS	S A VILA FRANCA RE	STAURANT & CA	AFÉ		
ADDRESS 601 SEC	COND STREET				
CITY/TOWN: NE	W BEDFORD	STATE: MA	ZIP CODE:	02744	
MANAGER: SAN E.	NTOS, MANNY TYPE	OF LICENSE: Res	taurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS	:				
	PLEASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR EM	AIL ADDRESS		_
DESCRIPTION OF	LICENSED PREMISE	S:			
ENTRANCE/EXIT SECOND STREET	TRANCE/EXIT ONTO ONTO SECOND STRE FROM THE DINING F OF NELSON AND SE	EET FROM THE B ROOM. THE STRE	AR, AND ENTRA	NCE/EXIT O	ONTO UATED
• •	swear under penalties of wed license will be of the		same premises now	licensed:	
	see has complied with al	* *	•		
	ises are now open for bu		_	, 4110	
SIGNED BY	Individual, Partner or	Authorized Corpo	rate Officer		
DATE:			EMBLOVEE	IDENTIFICAT	TION NUMBER:
DATE.	TELEPHONE 1	NUMBER:			Security Number)
Acts of 2004, signe	ed, attest that we are in ed by the building inspe (2) the certificate of li	ector and the head	of the fire departs	nent for the	above
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:	2.10 /10 /110	J. 11 1
DISAPPROVED:			•		
(If disapproved expl	ain)				
DATE:					
DATE.					



LICENSE NUMBER: 077800076

The Commonwealth of Massachusetts Alcoholic Beverages Control Commission 239 Causeway Street Boston, MA 02114 www.mass.gov/abcc

ON PREMISES LICENSE RENEWAL APPLICATION

CITY OR TOWN NEW BEDFORD

		Annual	LIC	ENSED FOR 2013
		CLASS		YEAR
LICENSEE NAME	: ANTHSAND, INC			
DOING BUSINESS	S A INCOGNITO			
ADDRESS 1606- 1	0 ACUSHNET AVE			
CITY/TOWN: NE	W BEDFORD	STATE: N	IA ZIP CODE:	02746
MANAGER: DAS	SILVA, TYP NDRA R	E OF LICENSE	:Restaurant	CATEGORY: All Alcohol
EMAIL ADDRESS	:			
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YO	UR EMAIL ADDRESS	
DESCRIPTION OF	F LICENSED PREMIS	SES:		
				STORAGE ON FIRST
EXITS IN REAR O		H I WO ENIKA	INCES/EATTS IN FR	ONT OF BLDG, TWO
I hereby certify and	swear under penalties	of perjury that:		
-	wed license will be of t		the same premises n	ow licensed;
	see has complied with	• •	•	
	nises are now open for			6
SIGNED BY				
	T. 1: 11 -1 D	A .1 : 10	omonoto Officer	
	Individual, Partner	or Authorized C	orporate Officer	
	individual, Partner	or Authorized C	orporate Officer	
	Individual, Partner	or Authorized C	orporate Officer	
				YER IDENTIFICATION NUMBER:
	TELEPHON		EMPLO	YER IDENTIFICATION NUMBER: Individual Social Security Number)
DATE:	TELEPHONI	E NUMBER:	EMPLO' (Note: <u>NOT</u>	Individual Social Security Number)
DATE: We the undersigno	TELEPHONI ed, attest that we are	E NUMBER: in possession (1	EMPLO (Note: NOT	Individual Social Security Number) nired by Chapter 304 of the
DATE: We the undersigno Acts of 2004, signo	TELEPHONI ed, attest that we are ed by the building ins	E NUMBER: in possession (1 pector and the l	EMPLOY (Note: <u>NOT</u>) the certificate required	Individual Social Security Number) nired by Chapter 304 of the artment for the above
DATE: We the undersigno Acts of 2004, signo	TELEPHONI ed, attest that we are ed by the building ins	E NUMBER: in possession (1 pector and the l	EMPLOY (Note: <u>NOT</u>) the certificate required	Individual Social Security Number) nired by Chapter 304 of the
DATE: We the undersigned Acts of 2004, signed named license and of 2010.	TELEPHONI ed, attest that we are ed by the building ins	E NUMBER: in possession (1 pector and the l	EMPLOY (Note: NOT) the certificate required insurance required	Individual Social Security Number) nired by Chapter 304 of the artment for the above
DATE: We the undersigne Acts of 2004, signe named license and of 2010. Please Check Below:	TELEPHONI ed, attest that we are ed by the building ins	E NUMBER: in possession (1 pector and the l	EMPLOY (Note: NOT) the certificate required of the fire department	nired by Chapter 304 of the artment for the above by Chapter 116 of the Acts
DATE: We the undersigned Acts of 2004, signed named license and of 2010. Please Check Below: APPROVED:	TELEPHONI ed, attest that we are ed by the building ins	E NUMBER: in possession (1 pector and the l	EMPLOY (Note: NOT) the certificate required insurance required	nired by Chapter 304 of the artment for the above by Chapter 116 of the Acts
DATE: We the undersigne Acts of 2004, signe named license and of 2010. Please Check Below: APPROVED: DISAPPROVED:	TELEPHONI ed, attest that we are ed by the building ins I (2) the certificate of	E NUMBER: in possession (1 pector and the l	EMPLOY (Note: NOT) the certificate required of the fire department	nired by Chapter 304 of the artment for the above by Chapter 116 of the Acts
DATE: We the undersigned Acts of 2004, signed named license and of 2010. Please Check Below: APPROVED: DISAPPROVED:	TELEPHONI ed, attest that we are ed by the building ins I (2) the certificate of	E NUMBER: in possession (1 pector and the l	EMPLOY (Note: NOT) the certificate required of the fire department	nired by Chapter 304 of the artment for the above by Chapter 116 of the Acts
DATE: We the undersigned Acts of 2004, signed named license and of 2010. Please Check Below:	TELEPHONI ed, attest that we are ed by the building ins I (2) the certificate of	E NUMBER: in possession (1 pector and the l	EMPLOY (Note: NOT) the certificate required of the fire department	nired by Chapter 304 of the artment for the above by Chapter 116 of the Acts
DATE: We the undersigned Acts of 2004, signed named license and of 2010. Please Check Below: APPROVED: DISAPPROVED:	TELEPHONI ed, attest that we are ed by the building ins I (2) the certificate of	E NUMBER: in possession (1 pector and the l	EMPLOY (Note: NOT) the certificate required of the fire department	nired by Chapter 304 of the artment for the above by Chapter 116 of the Acts



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LICENSE NUMBER: 077800077	CIT	ΓY OR TOWN	NEW BED	FORD
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20	13
	CLASS			YEAR
LICENSEE NAME: THE PEQUOD INC				
DOING BUSINESS A ROSE ALLEY ALER	HOUSE			
ADDRESS 94 FRONT ST.				
CITY/TOWN: NEW BEDFORD	STATE: MA	ZIP CODE:	02740	
MANAGER: CHABOT, JORDAN TYPE C	OF LICENSE: Restaur	rant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WEBSIT	E AND ENTER YOUR EMAIL	ADDRESS		
DESCRIPTION OF LICENSED PREMISES	:			
ONE ROOM ON THE FIRST FLOOR OF O				
WILL INCLUDE A BAR, DINING ROOM, A ROOM PATIO AREA FOR DINING. APPR				
OFFICE, KITCHEN, AND STOCKROOM I				
SITUATED ON THE NORTHWEST CORN				
NUMBERED 94 FRONT STREET				
I hereby certify and swear under penalties of I	perjury that:			
1. the renewed license will be of the	• •	•		
2. the licensee has complied with all	laws of the Commony	wealth relating to	taxes; and	
3. the premises are now open for bus	iness (If not explain b	pelow)		
SIGNED BY				
Individual, Partner or A	Authorized Corporate	Officer		
DATE: TELEPHONE N	UMBER:	EMPLOYER	IDENTIFICAT	ION NUMBER:
		(Note: NOT Ind	ividual Social S	ecurity Number)
We the undersigned attest that we are in	noggoggion (1) the go	utificata magnine	d by Chante	on 204 of the
We the undersigned, attest that we are in pacts of 2004, signed by the building inspec				
named license and (2) the certificate of liqu				
of 2010.				
Please Check Below:	L	OCAL LICENS	ING AUTHO	ORITY
APPROVED:	В	sy:		
DISAPPROVED:				
(If disapproved explain)	_			
	_			



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APPLICATION FOR RENEWAL: Annual CLASS APPLICATION FOR RENEWAL: Annual CLASS YEAR LICENSEE NAME: ALMOST BROTHERS INC. DOING BUSINESS A HIBERNIA PUB ADDRESS 109 WILLIAM STREET CITYTOWN: NEW BEDFORD STATE: MA ZIP CODE: 02740 MANAGER: FLYNN, TYPE OF LICENSE: General on CATEGORY: All Alcohol BARTHELOMEW W EMAIL ADDRESS: FIEASE ALSO VISIT OUR WEIRSTE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: 1 ROOM ON FIRST FLR OF A FOUR STORY BLDG WHICH INCLUDES BAR AREA, GALLEY KITCHEN, DRY BAR AND STOOLS BASEMENT WITH OFFICE AREA, STORAGE AND STAFF BATHROOM. 2 RESTROOMS AND COOLER IN AN ADJACENT IST FLOOR COMMON AREA 1 hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: EMPLOYER IDENTIFICATION NUMBER: EMPLOYER IDENTIFICATION NUMBER: ON THE ACTS OF THE ACTS O		ONTRE	ENTISES LICENSE REI	EWAL ATTLICAT	ION
CLASS YEAR LICENSEE NAME: ALMOST BROTHERS INC. DOING BUSINESS A HIBERNIA PUB ADDRESS 109 WILLIAM STREET CITY/TOWN: NEW BEDFORD STATE: MA ZIP CODE: 02740 MANAGER: FLYNN, TYPE OF LICENSE: General on CATEGORY: All Alcohol BARTHELOMEW Premise W. EMAIL ADDRESS: PLEASE ALSO VISIT OUR WEBSTE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: 1 ROOM ON FIRST FLR OF A FOUR STORY BLDG WHICH INCLUDES BAR AREA, GALLEY KITCHEN, DRY BAR AND STOOLS BASEMENT WITH OFFICE AREA, STORAGE AND STAFF BATHROOM. 2 RESTROOMS AND COOLER IN AN ADJACENT 1ST FLOOR COMMON AREA I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: APPROVED: DISAPPROVED: DISAPPROVED: DISAPPROVED: DISAPPROVED: DISAPPROVED: DISAPPROVED: DISAPPROVED: DISAPPROVED: DISAPPROVED: DISAPPROVED: DISAPPROVED: DISAPPROVED: DISAPPROVED: DISAPPROVED: DISAPPROVED: DISAPPROVED: DISAPPROVED: DISAPPROVED: DISAPPROVED: DISAPPROVED: DISAPPROVED: DISAPPROVED: DISAPPROVED: DISAPPROVED: DISAPPROVED: DISAPPROVED: DISAPPROVED: DISAPPROVED: DISAPPROVED: DISAPPROVED: DISAPPROVED: DISAPPROVED: DISAPPROVED: DISAPPROVED: DISAPPROVED: DISAPPROVED: DISAPPROVED: DISAPPROVED: DISAPPROVED: DISAPPROVED: DISAPPROVED: DISAPPROVED: DISAPPROVED: DISAPPROVED: DISAPPROVED: DISAPPROVED: DISAPPROVED: DISAPPROVED: DISAPPROVED: DISAPPROVED: DISAPPRO	LICENSE NU	MBER: 077800078		CITY OR TOWN	NEW BEDFORD
LICENSEE NAME: ALMOST BROTHERS INC. DOING BUSINESS A HIBERNIA PUB ADDRESS 109 WILLIAM STREET CITY/TOWN: NEW BEDFORD STATE: MA ZIP CODE: 02740 MANAGER: FLYNN, TYPE OF LICENSE: General on CATEGORY: All Alcohol BARTHELOMEW Premise W. EMAIL ADDRESS: FLEASE ALSO VISIT OUR WEISTIF AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: 1 ROOM ON FIRST FLR OF A FOUR STORY BLDG WHICH INCLUDES BAR AREA, GALLEY KITCHEN, DRY BAR AND STOOLS BASEMENT WITH OFFICE AREA, STORAGE AND STAFF BATHROOM. 2 RESTROOMS AND COOLER IN AN ADJACENT 1ST FLOOR COMMON AREA I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: LOCAL LICENSING AUTHORITY By: DISAPPROVED: DISA	APPLICATIO	N FOR RENEWAL:	Annual	LICEN	SED FOR 2013
DOING BUSINESS A HIBERNIA PUB ADDRESS 109 WILLIAM STREET CITY/TOWN: NEW BEDFORD STATE: MA ZIP CODE: 02740 MANAGER: FLYNN, TYPE OF LICENSE: General on CATEGORY: All Alcohol BARTHELOMEW W. EMAIL ADDRESS: FLEASE ALSO VISIT OUR WEISTIFE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: I ROOM ON FIRST FLR OF A FOUR STORY BLDG WHICH INCLUDES BAR AREA, GALLEY KITCHEN, DRY BAR AND STOOLS BASEMENT WITH OFFICE AREA, STORAGE AND STAFF BATHROOM. 2 RESTROOMS AND COOLER IN AN ADJACENT 1ST FLOOR COMMON AREA I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: LOCAL LICENSING AUTHORITY By: DISAPPROVED: DISAPPROVED: DISAPPROVED:			CLASS		YEAR
ADDRESS 109 WILLIAM STREET CITY/TOWN: NEW BEDFORD STATE: MA ZIP CODE: 02740 MANAGER: FLYNN, TYPE OF LICENSE: General on CATEGORY: All Alcohol BARTHELOMEW Premise W. EMAIL ADDRESS: FLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: 1 ROOM ON FIRST FLR OF A FOUR STORY BLDG WHICH INCLUDES BAR AREA, GALLEY KITCHEN, DRY BAR AND STOOLS BASEMENT WITH OFFICE AREA, STORAGE AND STAFF BATHROOM. 2 RESTROOMS AND COOLER IN AN ADJACENT 1ST FLOOR COMMON AREA I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: LOCAL LICENSING AUTHORITY By: DISAPPROVED: DISAPPROVED:					
CITY/TOWN: NEW BEDFORD STATE: MA ZIP CODE: 02740 MANAGER: FLYNN, TYPE OF LICENSE: General on BARTHELOMEW W. EMAIL ADDRESS: PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: 1 ROOM ON FIRST FLR OF A FOUR STORY BLDG WHICH INCLUDES BAR AREA, GALLEY KITCHEN, DRY BAR AND STOOLS BASEMENT WITH OFFICE AREA, STORAGE AND STAFF BATHROOM. 2 RESTROOMS AND COOLER IN AN ADJACENT 1ST FLOOR COMMON AREA I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: TELEPHONE NUMBER: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: LOCAL LICENSING AUTHORITY By: DISAPPROVED: DISAPPROVED:					
MANAGER: FLYNN, TYPE OF LICENSE: General on BARTHELOMEW W. EMAIL ADDRESS: PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS DESCRIPTION OF LICENSED PREMISES: I ROOM ON FIRST FLR OF A FOUR STORY BLDG WHICH INCLUDES BAR AREA, GALLEY KITCHEN, DRY BAR AND STOOLS BASEMENT WITH OFFICE AREA, STORAGE AND STAFF BATHROOM. 2 RESTROOMS AND COOLER IN AN ADJACENT 1ST FLOOR COMMON AREA I thereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: LOCAL LICENSING AUTHORITY By: DISAPPROVED:			T		
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DESCRIPTION OF LICENSED PREMISES: I ROOM ON FIRST FLR OF A FOUR STORY BLDG WHICH INCLUDES BAR AREA, GALLEY KITCHEN, DRY BAR AND STOOLS BASEMENT WITH OFFICE AREA, STORAGE AND STAFF BATHROOM. 2 RESTROOMS AND COOLER IN AN ADJACENT 1ST FLOOR COMMON AREA I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the same premises now licensed; 2. the licensee has complied with all laws of the Commonwealth relating to taxes; and 3. the premises are now open for business (If not explain below) SIGNED BY Individual, Partner or Authorized Corporate Officer DATE: EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. Please Check Below: LOCAL LICENSING AUTHORITY By: DISAPPROVED: DISAPPROVED:	EMAIL ADDI	RESS:			
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Individual, Partner or Authorized Corporate Officer Individual, Partner or Authorized Corporate Officer Individual Social Security Number) We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2010. We the undersigned by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010. LOCAL LICENSING AUTHORITY By: DISAPPROVED:	-				
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of 2010. Please Check Below: APPROVED: By: DISAPPROVED:					
Please Check Below: APPROVED: By: DISAPPROVED:		e and (2) the certifica	ite of ilquor nability ins	urance required by	Chapter 116 of the Acts
APPROVED: By: DISAPPROVED:					
DISAPPROVED:					ING AUTHORITY
				ву:	

DATE:



The Commonwealth of Massachusetts Alcoholic Beverages Control Commission 239 Causeway Street Boston, MA 02114

www.mass.gov/abcc

ON PREMISES LICE	NSE RENE	WAL APPLICAT	<u>ION</u>
LICENSE NUMBER: 077800079	•	CITY OR TOWN	NEW BEDFORD
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 2013
C	CLASS		YEAR
LICENSEE NAME: JOHNSON TURF AND GOOD DOING BUSINESS A WHALING CITY GOLF C		EMENT, INC.	
ADDRESS 581 HATHAWAY RD			
CITY/TOWN: NEW BEDFORD STAT	ΓE: MA	ZIP CODE:	02740
MANAGER: JOHNSON, TYPE OF LIC DOUGLAS W.	CENSE: Resta	aurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEBSITE AND E	NTER YOUR EMA	AIL ADDRESS	
DESCRIPTION OF LICENSED PREMISES:			
2 ROOMS ON FIRST FLOOR WITH KITCHEN OF FIRST FLOOR AND OUTSIDE OPEN DECK, AT RD.			
I hereby certify and swear under penalties of perjury	y that:		
1. the renewed license will be of the same t	type for the s	ame premises now	licensed;
2. the licensee has complied with all laws of	of the Commo	onwealth relating to	taxes; and
3. the premises are now open for business ((If not explai	n below)	
SIGNED BY Individual, Partner or Author	rized Corpor	ate Officer	
DATE: TELEPHONE NUMB	ER:		IDENTIFICATION NUMBER: ividual Social Security Number)
We the undersigned, attest that we are in posses Acts of 2004, signed by the building inspector an named license and (2) the certificate of liquor lia of 2010.	nd the head	of the fire departr	nent for the above
Please Check Below:		LOCAL LICENS	ING AUTHORITY
APPROVED:		By:	
DISAPPROVED: (If disapproved explain)			



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LICENSE NUN	MBER: 077800080			CITY OR	TOWN	NEW BED	FORD
APPLICATION	N FOR RENEWAL:	A	nnual		LICENS	SED FOR 20)13
		C	LASS				YEAR
LICENSEE NA	AME: P & G BOWL	ING, N. B., IN	С				
DOING BUSIN	NESS A WONDER B	BOWL					
ADDRESS 66	HATHAWAY RD.						
CITY/TOWN:	NEW BEDFORD	STAT	E: MA	ZIP C	ODE:	02746	
MANAGER:	Allard, Douglas	TYPE OF LIC		neral on emise	CA	ATEGORY:	All Alcohol
EMAIL ADDR	ESS:						
	PLEASE ALSO VISIT (NTER YOUR E	MAIL ADDRESS			
	NOF LICENSED PR			D OE A ON	E CEOD	V DI DC	
	AND STOCKROOM			R OF A ON.	E STOR	Y BLDG	
•	and swear under pen- renewed license will b			sama nrami	icac nou	licancadi	
	licensee has complied	•	-	-			
	premises are now ope				ciating to	taxes, and	
SIGNED BY							
SIGNED D1	Individual, Pa	artner or Author	ized Corpo	orate Office	r		
DATE:	TELEP!	HONE NUMBE	ER:	EN	MPLOYER	IDENTIFICAT	ION NUMBER:
				(Note:	NOT Ind	ividual Social S	ecurity Number)
Acts of 2004, s	signed, attest that we signed by the buildir and (2) the certifica	ng inspector an	d the head	d of the fire	departr	nent for the	above
Please Check Below	<u>w:</u>			LOCAL	LICENS	ING AUTHO	ORITY
APPROVED:				By:			
DISAPPROVE							
(If disapproved	explain)						
DATE:							



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LICENSE NU	MBER: 077800081		CITY OR TOWN	NEW BEDFORD
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	ISED FOR 2013
		CLASS		YEAR
LICENSEE N.	AME: RICCARDI'S	RESTAURANT, INC		
DOING BUSI	NESS A			
ADDRESS 90	1 HATHAWAY RD			
CITY/TOWN:	NEW BEDFORD	STATE: M	ZIP CODE:	02740
MANAGER:	RICCARDI, MICHAEL	TYPE OF LICENSE:	Restaurant C	CATEGORY: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOU	JR EMAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PR	EMISES:		
STORED IN TAREA. THE PALONG WITH SECOND THE	THE STOCKROOM APREMISES HAS TWO H ONE EMERGENC ROUGH THE KITCH	FLOOR OF A ONE S' AND ATTIC, AND WI D ENTRANCES/EXIT Y EXIT AT THE REA IEN AREA-SITUATEI HATHAWAY ROAD	LL BE SERVED FRO S IN THE FRONT OF R OF THE MAIN DIN	M THE KITCHEN THE BUILDING
I hereby certify	y and swear under pen	alties of perjury that:		
1. the	renewed license will	be of the same type for	the same premises now	v licensed;
2. the	licensee has complied	d with all laws of the Co	ommonwealth relating	to taxes; and
3. the	premises are now ope	en for business (If not e	xplain below)	
SIGNED BY	Individual. P	artner or Authorized Co	ornorate Officer	
DATE:	TELEP	PHONE NUMBER:		R IDENTIFICATION NUMBER: dividual Social Security Number)
Acts of 2004,	signed by the building	ng inspector and the h	ead of the fire depart	red by Chapter 304 of the tment for the above Chapter 116 of the Acts
Please Check Bel	ow:		LOCAL LICENS	SING AUTHORITY
APPROVED:			By:	
DISAPPROVI			-	
(If disapproved	d explain)		-	



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LICENSE NUMBER: 077800082		CITY OR TOWN	NEW BED	FORD
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20	
	CLASS			YEAR
LICENSEE NAME: EMERALD PARTNE DOING BUSINESS A	ERSHIP LTD.			
ADDRESS 500 HATHAWAY RD.				
CITY/TOWN: NEW BEDFORD	STATE: MA	ZIP CODE:	02740	
MANAGER: KATARIA, ANOOP TYPE	OF LICENSE: In	nholder Ca	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF LICENSED PREMISE	S:			
122 ROOMS, DINING ROOM, BANQUET FIRST FLOOR OF A ONE STORY BLDG) KITCHEN	ON THE
I hereby certify and swear under penalties of	f perjury that:			
1. the renewed license will be of the	same type for the	e same premises now	licensed;	
2. the licensee has complied with al	l laws of the Com	monwealth relating to	taxes; and	
3. the premises are now open for bu	ısiness (If not expl	ain below)		
SIGNED BY				
Individual, Partner or	: Authorized Corp	orate Officer		
DATE: TELEPHONE	NUMBER:			ION NUMBER:
		(Note: NOT Ind	ividual Social S	ecurity Number)
We the undersigned, attest that we are in Acts of 2004, signed by the building inspenamed license and (2) the certificate of license 2010.	ector and the hea	d of the fire departı	nent for the	above
Please Check Below:		LOCAL LICENS	ING AUTHO	ORITY
APPROVED:		By:		
DISAPPROVED:				
(If disapproved explain)		-		
DATE:				



DATE:

The Commonwealth of Massachusetts Alcoholic Beverages Control Commission 239 Causeway Street Boston, MA 02114

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LICENSE NUMBER	:077800083		CITY OR TOWN	NEW BED	FORD
APPLICATION FOR	RENEWAL:	Annual	LICEN	SED FOR 20)13
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS . ADDRESS 29 UNIO	A				
CITY/TOWN: NEW	V BEDFORD	STATE: MA	ZIP CODE:	02740	
MANAGER: LANA JASO		YPE OF LICENSE: Res	taurant C	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
1	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EN	IAIL ADDRESS		
DESCRIPTION OF I	LICENSED PREM	MISES:			
HANDICAPPED RE STREET BETWEEN	STROOMS . PRE I FRONT AND W	HICH HAS FOOD SER MISES IS LOCATED ATER STREETS, ANI FLOOR OF A THREE	ON THE NORTH D IS NUMBERED	SIDE OF UN 29 UNION S	
I hereby certify and s	wear under penalti	ies of perjury that:			
1. the renewe	ed license will be	of the same type for the	same premises nov	v licensed;	
2. the license	ee has complied w	ith all laws of the Comn	nonwealth relating	to taxes; and	
3. the premis	ses are now open f	or business (If not expla	in below)		
SIGNED BY	T. P. M. D. A.		000		
	Individual, Partr	er or Authorized Corpo	rate Officer		
DATE:	TELEPHO	ONE NUMBER:		R IDENTIFICAT	
Acts of 2004, signed	by the building	re in possession (1) the inspector and the head of liquor liability insu	of the fire depart	tment for the	above
Please Check Below:			LOCAL LICEN	SING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expla	in)				



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LICENSE NUMBER: 077800084		CITY OR TOWN	NEW BEDFORD			
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 2013			
	CLASS		YEAR			
LICENSEE NAME: TRANS-CITY INC.						
DOING BUSINESS A WHARF TAVERN	& DELI					
ADDRESS 216 HERMAN MELVILLE						
CITY/TOWN: NEW BEDFORD	STATE: MA	ZIP CODE:	02740			
MANAGER: SERVAIS, RENE E. TYPE	OF LICENSE: R	estaurant Ca	ATEGORY: All Alcohol			
EMAIL ADDRESS:						
PLEASE ALSO VISIT OUR WEBSI	ITE AND ENTER YOUR	EMAIL ADDRESS				
DESCRIPTION OF LICENSED PREMISES	S:					
ONE ROOM WITH KITCHEN AND STOCONE STORY BLDG	CKROOM AND	OFFICE ON THE FII	RST FLOOR OF A			
I hereby certify and swear under penalties of perjury that:						
1. the renewed license will be of the same type for the same premises now licensed;						
2. the licensee has complied with all	l laws of the Con	nmonwealth relating to	o taxes; and			
3. the premises are now open for bu	siness (If not exp	olain below)				
SIGNED BY	A .1 . 1.0	OCC				
Individual, Partner or	Authorized Corp	orate Officer				
DATE: TELEPHONE I	MIIMBED.	EMPLOYER	R IDENTIFICATION NUMBER:			
TELEFHONE	NUMBER.		lividual Social Security Number)			
We the undersigned, attest that we are in Acts of 2004, signed by the building inspenamed license and (2) the certificate of license 2010.	ector and the he	ad of the fire departı	nent for the above			
Please Check Below:		LOCAL LICENS	ING AUTHORITY			
APPROVED:		By:				
DISAPPROVED:						
(If disapproved explain)						
DATE:						



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LICENSE NUMBER	: 077800085		CITY OR TOW	VN NEW BED	FORD
APPLICATION FOR	RENEWAL:	Annual	LIC	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	PORTUGUESE	AMERICAN ATHL	ETIC		
DOING BUSINESS A	A CLUB OF GR	EATER NEW BEDF	O. INC		
ADDRESS 56 HOLL	Y ST.				
CITY/TOWN: NEW	BEDFORD	STATE: MA	ZIP CODE:	: 02746	
MANAGER: Moura	a, Arlindo T	TYPE OF LICENSE:	llub	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
F	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF I	LICENSED PRE	MISES:			
THE ENTIRE TWO	STORY BLDG V	WITH STOCK IN CE	LLAR		
I hereby certify and sv	wear under penal	ties of perjury that:			
1. the renewe	ed license will be	of the same type for the	ne same premises n	ow licensed;	
2. the license	e has complied w	with all laws of the Con	nmonwealth relatir	ng to taxes; and	
3. the premis	es are now open	for business (If not ex	plain below)		
SIGNED BY					
	Individual, Part	ner or Authorized Cor	porate Officer		
DATE:	TELEPHO	ONE NUMBER:		YER IDENTIFICAT	
			(Note: NOT	Individual Social S	Security Number)
Acts of 2004, signed	by the building	are in possession (1) in inspector and the head of liquor liability in	ad of the fire depa	artment for the	above
Please Check Below:			LOCAL LICE	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain	in)				
DATE:					



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LICENSE NU	MBER: 077800086		CITY OR TOWN NEW BI	EDFORD
APPLICATIO	N FOR RENEWAL:	Annual	LICENSED FOR	2013
		CLASS		YEAR
LICENSEE N	AME: THE SYMPO	SIUM, LLC		
DOING BUSI	NESS A			
ADDRESS 85	1 MT PLEASANT ST	1		
CITY/TOWN	: NEW BEDFORD	STATE: MA	ZIP CODE: 02746	
MANAGER:	AVRAMIDES, KONSTANDINOS	TYPE OF LICENSE: Res	staurant CATEGORY	Y: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR EN	MAIL ADDRESS	<u></u>
	N OF LICENSED PRI			
			WO ENTRANCE AND EXITS HE BASEMENT. APPROX 2	
	y and swear under pena			
1. the	renewed license will b	be of the same type for the	same premises now licensed;	
2. the	licensee has complied	with all laws of the Comp	nonwealth relating to taxes; an	d
3. the	premises are now open	n for business (If not expla	nin below)	
SIGNED BY				
	Individual, Pa	rtner or Authorized Corpo	orate Officer	
DATE:	TELEPI	HONE NUMBER:	EMPLOYER IDENTIFIC	
			(Note: NOT Individual Socia	il Security Number)
Acts of 2004,	signed by the buildin	g inspector and the head	e certificate required by Cha l of the fire department for t rance required by Chapter 1	he above
Please Check Bel			LOCAL LICENSING AUT	HORITY
APPROVED:			By:	
OISAPPROVI				
(If disapprove	u capiani)			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	077800088		CH	Y OK TOWN	NEW BED	FUKD
APPLICATION FOR	RENEWAL:	Annua	I	LICE	NSED FOR 20	013
		CLASS	S			YEAR
LICENSEE NAME: DOING BUSINESS A						
ADDRESS 1309 PHII	LIPS RD					
CITY/TOWN: NEW	BEDFORD	STATE:	MA 2	ZIP CODE:	02745	
MANAGER: GIN, K	KAM YEE TYPE	OF LICENS	E:Restaura	nt (CATEGORY:	All Alcohol
EMAIL ADDRESS:						
PI	LEASE ALSO VISIT OUR WEBSI	ITE AND ENTER Y	OUR EMAIL AI	DDRESS		_
DESCRIPTION OF L	ICENSED PREMISES	S:				
TWO DINING ROOM ONE STORY BLDG						
I hereby certify and sw				,210111211	2011100112	
•	d license will be of the			premises nov	w licensed;	
	has complied with all	• •		-		
3. the premise	es are now open for bu	siness (If not	explain be	elow)		
SIGNED BY	Individual, Partner or	Authorized (Corporate (Officer		
DATE:	TELEPHONE I	NUMBER:			ER IDENTIFICAT	
We the undersigned, Acts of 2004, signed named license and (2 of 2010.	by the building inspe	ctor and the	head of tl	he fire depar	tment for the	above
Please Check Below:			LC	OCAL LICEN	ISING AUTH	ORITY
APPROVED:	_		Ву	':		
DISAPPROVED:						
(If disapproved explain	1)					
DATE:						

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



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LICENSE NUMBE	R: 077800090		CITY OR TOWN	NEW BED	FORD	
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 20	013	
		CLASS			YEAR	
LICENSEE NAME	: PAM- LU CORPO	ORATION				
DOING BUSINESS	S A LE PLACE					
ADDRESS 20 KEN	IYON ST.					
CITY/TOWN: NE	W BEDFORD	STATE: MA	ZIP CODE:	02746		
	AULT, TY MELA M.	PE OF LICENSE:R	destaurant Ca	ATEGORY:	All Alcohol	
EMAIL ADDRESS	:	-				
	PLEASE ALSO VISIT OUR W	VEBSITE AND ENTER YOUR	EMAIL ADDRESS		-	
DESCRIPTION OF	LICENSED PREMI	SES:				
ONE ROOM AND STORAGE ON THE FIRST FLOOR OF A ONE STORY BLDG AND KITCHEN IN BASEMENT INCLUDE AN ADDITIONAL ROOM APPROX. 30X30, WHICH INCLUDES A DJ BOOTH, DANCE FLOOR AREA, & LOUNGE SEATING FOR FIFTY PEOPLE AND A 10'X10' ROOM TO BE USED AS AN OFFICE AND FOR LIQUOR STORAGE AND AN OUTSIDE DECK (PPROX. 25X30) WHICH HAS A HANDICAPPED RAMP						
I hereby certify and	swear under penaltie	s of perjury that:				
		• •	ne same premises now			
	=		nmonwealth relating to	o taxes; and		
3. the prem	ises are now open for	r business (If not exp	plain below)			
SIGNED BY	Individual, Partne	r or Authorized Cor	porate Officer			
DATE:	TELEPHON	NE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		ION NUMBER: ecurity Number)	
Acts of 2004, signe	ed by the building in	spector and the he	the certificate require ad of the fire departs surance required by	nent for the	above	
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY	
APPROVED:			By:			
DISAPPROVED: [] (If disapproved expl	loin)					
(11 disappioved expi	iaiii <i>)</i>					
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 077800092		CITY O	R TOWN	NEW BED	FORD
APPLICATION FOR	R RENEWAL:	Annua	ા	LICENS	SED FOR 20	013
		CLAS	S			YEAR
LICENSEE NAME: DOING BUSINESS	A KNUCKLEH	•	ANT			
ADDRESS 85 MAC		GT 4 TT		CODE		
CITY/TOWN: NEV	V BEDFORD	STATE:	MA ZIP	CODE:	02740	
MANAGER: STO	NE, JOHN	TYPE OF LICENS	E:Restaurant	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:	PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER Y	YOUR EMAIL ADDRES	SS		
DESCRIPTION OF	LICENSED PRE	MISES:				
TWO ROOMS AND STORY BLDG AND ON FIRST FLOOR						
I hereby certify and s	wear under penal	lties of perjury that	:			
		e of the same type f	•			
	•	with all laws of the		Ū	taxes; and	
3. the premis	ses are now open	for business (If no	t explain below))		
SIGNED BY	Individual, Par	tner or Authorized	Corporate Office	cer		
DATE:	TELEPH	ONE NUMBER:				ION NUMBER: ecurity Number)
We the undersigned Acts of 2004, signed named license and of 2010.	d by the building	g inspector and the	e head of the fi	re departn	nent for the	above
Please Check Below: APPROVED:			LOCA By:	L LICENS	ING AUTHO	ORITY
DISAPPROVED: [ain)					
DATE:						

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



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LICENSE NUMBER	R: 077800093		CITY OR TOWN	NEW BED	FORD
APPLICATION FOR	R RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 043-45 M		ETIC & SOCIAL C	LUB		
			ZID CODE	02746	
CITY/TOWN: NEV		STATE: MA	ZIP CODE:	02746	
MANAGER: CUN A.	HA, RUSSELL TYP	E OF LICENSE: Clu	b CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WE		IAIL ADDRESS		
	LICENSED PREMIS				
	ITH KITCHEN ON T OG WITH STOCK O		AND ONE ROOM	IN BASEME	ENT OF
I hereby certify and s	wear under penalties	of perjury that:			
1. the renew	ed license will be of the	he same type for the	same premises now	licensed;	
2. the license	ee has complied with	all laws of the Comn	nonwealth relating to	o taxes; and	
3. the premis	ses are now open for b	ousiness (If not expla	in below)		
SIGNED BY			O SC		
	Individual, Partner	or Authorized Corpo	rate Officer		
DATE:			EMPLOVED	DENTIFICAT	NON NUMBER.
DITTE.	TELEPHONE	E NUMBER:	(Note: NOT Ind		CION NUMBER: ecurity Number)
Acts of 2004, signed	d, attest that we are in the distance of the distance of the certificate of the distance of th	pector and the head	of the fire departi	ment for the	above
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:	uin)				
(If disapproved expla	<i>)</i>				
DATE:					



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LICENSE NU	MBER: 077800094		CITY OR TOWN	NEW BED	FORD
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	ISED FOR 20	013
		CLASS			YEAR
DOING BUSI	AME: ST. MICHAEL SO NESS A 11 MADEIRA AVE.	CIAL CLUB, INC.			
CITY/TOWN:	: NEW BEDFORD	STATE: MA	ZIP CODE:	02746	
MANAGER:	DaSILVA, DAVID TYP M.	'E OF LICENSE: Clu	b C	ATEGORY:	All Alcohol
EMAIL ADDI	RESS:				
	PLEASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR EM	MAIL ADDRESS		J
DESCRIPTIO	N OF LICENSED PREMIS	SES:			
THE ENTIRE	ONE STORY BLDG WIT	H STOCK IN CELL	AR		
I hereby certify	y and swear under penalties	of perjury that:			
1. the	renewed license will be of t	the same type for the	same premises now	v licensed;	
2. the	licensee has complied with	all laws of the Comm	nonwealth relating	to taxes; and	
3. the	premises are now open for	business (If not expla	ain below)		
SIGNED BY	Individual, Partner	or Authorized Corpo	orate Officer		
DATE:	TELEPHON	E NUMBER:		R IDENTIFICAT dividual Social S	
Acts of 2004,	rsigned, attest that we are signed by the building ins e and (2) the certificate of	pector and the head	l of the fire depart	ment for the	above
Please Check Bel			LOCAL LICEN	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVI (If disapprove					
(11 disappioved	a expiaiii)				
DATE:					
APPLICATION FOI	R RENEWAL MUST BE FILED BY LI	CENSEES DURING THE M	ONTH OF NOVEMBER (N	M.G.L. Ch. 138 \$ 16	5A)



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LICENSE NUMBER: 077800095	CITY OR TOWN NEW BEDFORD					
APPLICATION FOR RENEWAL: Annual	LICENSED FOR 2013					
CLASS	YEAR					
LICENSEE NAME: CLUBE PONTA DELGADA INC.						
DOING BUSINESS A						
ADDRESS 061-65 MADEIRA AVE.						
CITY/TOWN: NEW BEDFORD STATE: MA	A ZIP CODE: 02746					
MANAGER: ALVES, JULIE TYPE OF LICENSE: ANN	Club CATEGORY: All Alcohol					
EMAIL ADDRESS:						
PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOU	R EMAIL ADDRESS					
DESCRIPTION OF LICENSED PREMISES:						
TWO ROOMS AND KITCHEN ON THE FIRST FLOOR OF A ONE STORY BLDG WITH STOCK IN CELLAR						
I hereby certify and swear under penalties of perjury that:						
1. the renewed license will be of the same type for t	he same premises now licensed;					
2. the licensee has complied with all laws of the Co	mmonwealth relating to taxes; and					
3. the premises are now open for business (If not ex	plain below)					
SIGNED BY						
Individual, Partner or Authorized Co.	rporate Officer					
DATE: TELEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:					
	(Note: NOT Individual Social Security Number)					
We the undersigned, attest that we are in possession (1) Acts of 2004, signed by the building inspector and the honamed license and (2) the certificate of liquor liability in of 2010.	ead of the fire department for the above					
Please Check Below:	LOCAL LICENSING AUTHORITY					
APPROVED:	By:					
DISAPPROVED:						
(If disapproved explain)						
DATE:						



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LICENSE NUMB	BER: 077800096		CITY OR TOWN	NEW BEDFORD
APPLICATION F	FOR RENEWAL:	Annual	LICENS	SED FOR 2013
		CLASS		YEAR
LICENSEE NAM	E: BARKER'S LA	ANE, INC.		
DOING BUSINES	SS A THE GARDI	EN RESTAURANT & B	AR	
ADDRESS 32 BA	ARKER'S LANE			
CITY/TOWN: N	EW BEDFORD	STATE: MA	ZIP CODE:	02740
	AJOIE, JR. HARLES	TYPE OF LICENSE: Re	staurant CA	TEGORY: All Alcohol
EMAIL ADDRES	SS:			
	PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR E	MAIL ADDRESS	
	OF LICENSED PRE			
	TTH 2 RESTROON AR AND ON 1ST	MS ON THE FIRST FLO FLOOR.	OR OF A THREE ST	FORY BLDG. WITH
I hereby certify an	nd swear under pena	alties of perjury that:		
1. the ren	ewed license will b	e of the same type for the	same premises now l	licensed;
2. the lice	ensee has complied	with all laws of the Com	nonwealth relating to	taxes; and
3. the pre	mises are now oper	n for business (If not expl	ain below)	
SIGNED BY				
	Individual, Par	rtner or Authorized Corpo	orate Officer	
DATE:	TELEPH	HONE NUMBER:		IDENTIFICATION NUMBER:
			(Note: NOT Indi	vidual Social Security Number)
Acts of 2004, sig	ned by the buildin	e are in possession (1) the g inspector and the head te of liquor liability insu	d of the fire departn	
Please Check Below:			LOCAL LICENSI	NG AUTHODITY
APPROVED:			By:	ING AUTHORITY
DISAPPROVED:			27.	
(If disapproved ex	aplain)			
DATE:			-	<u> </u>
DATE.				



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LICENSE NU	MBER: 077800097		CITY OR TOWN	NEW BEDI	FORD
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	SED FOR 20	13
		CLASS		,	YEAR
LICENSEE N.	AME: WM. H. CAI	RNEY LODGE 200 I.B.P.O	o., ELKS		
DOING BUSI	NESS A				
ADDRESS 15	9 MILL STREET				
CITY/TOWN:	: NEW BEDFORD	STATE: MA	ZIP CODE:	02740	
MANAGER:	WHEATLEY, ALGIE F.	TYPE OF LICENSE: Clu	b Ca	ATEGORY:	All Alcohol
EMAIL ADDI	RESS:				
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR EM	IAIL ADDRESS		ı
-	N OF LICENSED PI				
TWO ROOMS STOCK ON F		HALL ON THE FIRST FL	OOR OF A ONE S'	FORY BLDG	6 WITH
I hereby certify	y and swear under pe	nalties of perjury that:			
1. the	renewed license will	be of the same type for the	same premises now	licensed;	
2. the	licensee has complie	d with all laws of the Comm	nonwealth relating to	o taxes; and	
3. the	premises are now op	en for business (If not expla	in below)		
SIGNED BY					
	Individual, P	Partner or Authorized Corpo	rate Officer		
DATE:	TELEI	PHONE NUMBER:		R IDENTIFICATI	
			(Note: NOT Ind	ividuai sociai se	ecurity Number)
Acts of 2004,	signed by the build	we are in possession (1) the ing inspector and the head cate of liquor liability insur	of the fire departi	ment for the	above
Please Check Bel			LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVI					
(If disapproved	u expiaiii)				
DATE:					



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LICENSE NUMBER: 07/8000	199	CITY OR TOWN NE	W DEDFORD
APPLICATION FOR RENEW	Annual Annual	LICENSED	FOR 2013
	CLASS		YEAR
LICENSEE NAME: TRIPLE	8 BUFFET INC.		
DOING BUSINESS A NEW	YORK CHINA BUFFET		
ADDRESS 888 ASHLEY BO	ULEVARD		
CITY/TOWN: NEW BEDFO	ORD STATE: MA	ZIP CODE: 02	745
MANAGER: LIN, MEIZHE	N TYPE OF LICENSE: R	estaurant CATEO	GORY: Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE ALSO	O VISIT OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTION OF LICENSE	D PREMISES:		
ONE ROOM APPROX. 48,00 ALSO TWO RESTROOMS O COOLER AND STOCK IN TO SITUATED ON THE EAST S	N THE FIRST FLOOR; WITH HE BASEMENT. PREMISES	H KITCHEN, ONE RESTI IS A ONE STORY BUILI	ROOM,
I hereby certify and swear under	er penalties of perjury that:		
1. the renewed license	will be of the same type for the	ne same premises now licer	nsed;
	nplied with all laws of the Con		es; and
3. the premises are no	w open for business (If not exp	plain below)	
SIGNED BY Individu	ual, Partner or Authorized Cor	porate Officer	
DATE:	ELEPHONE NUMBER:		NTIFICATION NUMBER:
		(Note: NOT Individua	al Social Security Number)
We the undersigned, attest t Acts of 2004, signed by the b named license and (2) the ce of 2010.	ouilding inspector and the he	ad of the fire department	for the above
Please Check Below:		LOCAL LICENSING	AUTHORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:			



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LICENSE NUMBER	t: 077800100		CITY OR TOWN	NEW BED	FORD
APPLICATION FOR	R RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	PASTIME, INC.				
DOING BUSINESS	A CONTINENTAL T	TAVERN			
ADDRESS 114 NAU	JSET ST.				
CITY/TOWN: NEV	V BEDFORD	STATE: MA	ZIP CODE:	02746	
	KEIRA, TYPE ISE BARBARA	E OF LICENSE: Re	staurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
Ĺ	PLEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREMISE	ES:			
TWO ROOMS AND CELLAR	KITCHEN ON FIRST	T FLOOR OF A O	NE STORY BLDG	WITH STOC	CK IN
I hereby certify and s	swear under penalties o	of perjury that:			
1. the renew	ed license will be of th	e same type for the	same premises now	licensed;	
2. the license	ee has complied with a	all laws of the Com	nonwealth relating to	taxes; and	
3. the premis	ses are now open for b	usiness (If not expl	ain below)		
SIGNED BY					
	Individual, Partner o	or Authorized Corpo	orate Officer		
DATE:	TELEPHONE	NUMBER:			TION NUMBER:
			(Note: NOT Ind	ividual Social S	Security Number)
Acts of 2004, signed	d, attest that we are in d by the building insp (2) the certificate of li	ector and the head	d of the fire departi	ment for the	above
Please Check Below:			LOCAL LICENS	ING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expla	iin)		-		
DATE:					
DAIL.					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NU	MBER: 077800101		CITY OR TOWN	NEW BEDFORD
APPLICATIO	ON FOR RENEWAL:	Annual	LICENS	ED FOR 2013
		CLASS		YEAR
LICENSEE N	AME: NEW WAVI	E CAFE, INC		
DOING BUSI	INESS A			
ADDRESS 14	13-45 N FRONT			
CITY/TOWN	: NEW BEDFORD	STATE: MA	ZIP CODE:	02740
MANAGER:	DOMINGOS, ADELIA N.	TYPE OF LICENSE: Re	estaurant CA	TEGORY: All Alcohol
EMAIL ADD	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR F	EMAIL ADDRESS	
	ON OF LICENSED PI			
ONE ROOM OF A ONE ST		D TWO RESTROOMS AI	ND STORAGE ON TI	HE FIRST FLOOR
I hereby certif	y and swear under pe	nalties of perjury that:		
1. the	renewed license will	be of the same type for the	e same premises now l	icensed;
2. the	licensee has complie	ed with all laws of the Com	monwealth relating to	taxes; and
3. the	premises are now op	en for business (If not exp	lain below)	
SIGNED BY				
	Individual, F	Partner or Authorized Corp	orate Officer	
D. A. EDE				
DATE:	TELEI	PHONE NUMBER:		IDENTIFICATION NUMBER: vidual Social Security Number)
			(rote: <u>rto1</u> mart	riddai Sociai Security (vuinoci)
Acts of 2004 ,	, signed by the build	we are in possession (1) the ing inspector and the heat cate of liquor liability instance.	d of the fire departm	ent for the above
Please Check Be			LOCAL LICENSI	NG AUTHORITY
APPROVED:			By:	
DISAPPROV				
(If disapprove	a expiaiii)			
DATE:				

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



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LICENSE NUM	IBER: 077800103		CITY OR TOWN	NEW BED	FORD
APPLICATION	FOR RENEWAL:	Annual	LICE	NSED FOR 2	013
		CLASS			YEAR
LICENSEE NA DOING BUSIN		RANT ALGARVE, INC	2		
ADDRESS 128	COUNTY ST				
CITY/TOWN:	NEW BEDFORD	STATE: MA	ZIP CODE:	02746	
	PEREIRA, NIDIA T M.	YPE OF LICENSE: Res	taurant (CATEGORY:	All Alcohol
EMAIL ADDRI	ESS:				
	PLEASE ALSO VISIT OUR	R WEBSITE AND ENTER YOUR EN	IAIL ADDRESS		
AREA, AND A THERE IS ADI BE USED FOR BETWEEN BL I hereby certify 1. the re 2. the li	KITCHEN AREA WITCHIONAL ROOM-AP ADDITIONAL STOR ACKMER AND DELA and swear under penaltenewed license will be dicensee has complied with the story of	OOM WITH A BAR AITH A WALK IN COOL PRX. 208 SQ.FT ON TAGE, SITUATED ON TANO STREETS, AND Notice of perjury that: of the same type for the rith all laws of the Common Sor business (If not explain	ER AND STORA HE SECOND FLO THE EAST SIDE OF TUMBERED 128 OF TU	GE ROOM; ADOR, WHICH OF COUNTY SOUNTRY S	ALSO WILL STREET
SIGNED BY	Individual, Partı	ner or Authorized Corpo	rate Officer		
DATE:	TELEPHO	ONE NUMBER:			ΠΟΝ NUMBER: Security Number)
Acts of 2004, s	igned by the building	are in possession (1) the inspector and the head of liquor liability insu	of the fire depar	tment for the	above
Please Check Below APPROVED: DISAPPROVEI (If disapproved	D:		LOCAL LICEN By:	ISING AUTH	ORITY
DATE:					



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LICENSE NUI	MBER: 077800104		CITY OR TOWN	NEW BEDFORD
APPLICATION	N FOR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
	AME: JENNICA'S INC. NESS A THE CANDLEWO	ORKS RESTAU	RANT	
ADDRESS 72	NO.WATER ST.			
CITY/TOWN:	NEW BEDFORD	STATE: MA	A ZIP CODE:	02740
MANAGER:	MORGADO, TYPE JARED T.	E OF LICENSE:1	Restaurant CA	ATEGORY: All Alcohol
EMAIL ADDR	RESS:			
-	PLEASE ALSO VISIT OUR WEE N OF LICENSED PREMISE 2 STORY BLDG WHICH I	ES:		AR AREA, 2
RESTROOMS	,STOCK ROOM, KITCHE L ROOM APPROX 208 SF (N WITH WALK	IN COOLER AND ST	TORAGE ROOM.
1. the	and swear under penalties or renewed license will be of the licensee has complied with a	ne same type for t	•	
3. the	premises are now open for b	usiness (If not ex	xplain below)	
SIGNED BY	Individual, Partner o	or Authorized Co	rporate Officer	
DATE:	TELEPHONE	NUMBER:		IDENTIFICATION NUMBER: ividual Social Security Number)
Acts of 2004,	rsigned, attest that we are i signed by the building insp e and (2) the certificate of l	ector and the h	ead of the fire departr	nent for the above
Please Check Belo APPROVED: DISAPPROVE (If disapproved	ED:		LOCAL LICENS By:	ING AUTHORITY
DATE:				



The Commonwealth of Massachusetts Alcoholic Beverages Control Commission 239 Causeway Street Boston, MA 02114 www.mass.gov/abcc

LICENSE NUMBER: 077800105		CITY OR TOWN	NEW BEDF	FORD
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 201	13
	CLASS		Y	YEAR
LICENSEE NAME: NEW ENGLAND FI	SHERIES LLC			
DOING BUSINESS A WATERFRONT G	RILLE			
ADDRESS 36 Homers Wharf				
CITY/TOWN: NEW BEDFORD	STATE: MA	ZIP CODE:	02740	
MANAGER: RIOUS, MADELINETYPE	OF LICENSE: Re	estaurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR F	CMAIL ADDRESS		
DESCRIPTION OF LICENSED PREMISE	S:			
$8900~\rm SF$ ON THE FIRST FLR OF A TWO				
BAR AREA, RECEPTION AREA, OFFICI RESTROOMS WITH AN ADDITIONAL S				
RESTROOMS. EXTERIOR DECK AREA				
AREA PATIO WITH SEASONAL BAR				
I hereby certify and swear under penalties o	f perjury that:			
1. the renewed license will be of the	e same type for the	e same premises now	licensed;	
2. the licensee has complied with a	ll laws of the Com	monwealth relating to	taxes; and	
3. the premises are now open for bu	usiness (If not exp	lain below)		
SIGNED BY				
Individual, Partner of	r Authorized Corp	orate Officer		
DATE: TELEPHONE	NUMBER:	EMPLOYER	IDENTIFICATION	ON NUMBER:
		(Note: NOT Ind	ividual Social Se	curity Number)
We the undersigned, attest that we are in	naccaccian (1) th	no cortificato roquire	nd by Chanta	r 304 of the
Acts of 2004, signed by the building inspe				
named license and (2) the certificate of li				
of 2010.				
Please Check Below:		LOCAL LICENS	ING AUTHO	RITY
APPROVED:		By:		
DISAPPROVED:				
(If disapproved explain)				
D. 1 777				
DATE:				



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LICENCE NUMBER	. 077900106		CITY OR TOWN	NEW RED	EODD
LICENSE NUMBER	.: 077800106		CITY OR TOWN	NEW DED	FORD
APPLICATION FOR	R RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	NORWAY CAFE	E INC.			
DOING BUSINESS	A DANNY'S SEA	FOOD REST.			
ADDRESS 574 NOR	TH FRONT ST.				
CITY/TOWN: NEV	V BEDFORD	STATE: MA	ZIP CODE:	02745	
MANAGER: MAT	TOS, JAMES TY	YPE OF LICENSE: Re	estaurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
]	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR I	EMAIL ADDRESS		L
DESCRIPTION OF I	LICENSED PREM	ISES:			
		O HANDICAPPED I STOCK IN CELLAR		HE FIRST F	LOOR
I hereby certify and s	wear under penaltie	es of perjury that:			
1. the renew	ed license will be o	of the same type for the	e same premises now	licensed;	
2. the license	ee has complied wit	th all laws of the Com	monwealth relating to	o taxes; and	
3. the premis	ses are now open fo	or business (If not exp	lain below)		
SIGNED BY					
	Individual, Partne	er or Authorized Corp	orate Officer		
DATE:	TELEPHO!	NE NUMBER:			ION NUMBER:
			(Note: NOT Ind	lividual Social S	ecurity Number)
Acts of 2004, signed	by the building in	re in possession (1) the nspector and the hea of liquor liability ins	d of the fire departi	ment for the	above
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expla	.in)				
DATE:					



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		I I OK IOWN NEW BEDFORD
APPLICATION FOR RENEWAL	: Annual	LICENSED FOR 2013
	CLASS	YEAR
LICENSEE NAME: CLUBE UN DOING BUSINESS A ADDRESS 701 ORCHARD	TAO FAIALENSE, INC.	
CITY/TOWN: NEW BEDFORD	STATE: MA	ZIP CODE: 02744
MANAGER: DEFRAGA, JOSE	I. TYPE OF LICENSE: Club	CATEGORY: All Alcohol
EMAIL ADDRESS:		
PLEASE ALSO VISI	TT OUR WEBSITE AND ENTER YOUR EMAIL	ADDRESS
DESCRIPTION OF LICENSED P	REMISES:	
THREE ROOMS AND KITCHEN FLOOR OF A TWO STORY BLD		O ONE ROOM ON THE SECOND PLOOR
I hereby certify and swear under pe	enalties of perjury that:	
1. the renewed license wil	l be of the same type for the sam	ne premises now licensed;
2. the licensee has compli-	ed with all laws of the Common	wealth relating to taxes; and
3. the premises are now of	pen for business (If not explain b	pelow)
SIGNED BY	Partner or Authorized Corporate	Officer
marviduai,	rartiler of Authorized Corporate	e Officei
DATE: TELE	EPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
TELL	A HONE NUMBER.	
		(Note: NOT Individual Social Security Number)
Acts of 2004, signed by the build	ling inspector and the head of	(Note: NOT Individual Social Security Number) rtificate required by Chapter 304 of the the fire department for the above ce required by Chapter 116 of the Acts
Acts of 2004, signed by the build named license and (2) the certifi	ling inspector and the head of cate of liquor liability insuran	rtificate required by Chapter 304 of the the fire department for the above
Acts of 2004, signed by the build named license and (2) the certific of 2010. Please Check Below: APPROVED:	ling inspector and the head of cate of liquor liability insuran L	rtificate required by Chapter 304 of the the fire department for the above ce required by Chapter 116 of the Acts
Acts of 2004, signed by the build named license and (2) the certific of 2010. Please Check Below: APPROVED: DISAPPROVED:	ling inspector and the head of cate of liquor liability insuran L	rtificate required by Chapter 304 of the the fire department for the above ce required by Chapter 116 of the Acts
Acts of 2004, signed by the build named license and (2) the certific of 2010. Please Check Below: APPROVED:	ling inspector and the head of cate of liquor liability insuran L	rtificate required by Chapter 304 of the the fire department for the above ce required by Chapter 116 of the Acts
Acts of 2004, signed by the build named license and (2) the certific of 2010. Please Check Below: APPROVED: DISAPPROVED:	ling inspector and the head of cate of liquor liability insuran L	rtificate required by Chapter 304 of the the fire department for the above ce required by Chapter 116 of the Acts



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LICENSE NUMBER: 077800108		CITY OR TOWN	NEW BED	FORD	
APPLICATION FOR RENEWAL:	Annual	LICEN	LICENSED FOR 2013		
	CLASS			YEAR	
LICENSEE NAME: THE MONTE PIO DOING BUSINESS A ADDRESS 540 ORCHARD ST.	O LUSO AMERICANO	O CORP.			
CITY/TOWN: NEW BEDFORD	STATE: MA	ZIP CODE:	02744		
MANAGER: FRIAS, MICHAEL TY			ATEGORY:	All Alcohol	
EMAIL ADDRESS:					
PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR EM	AIL ADDRESS		_	
ONE ROOM WITH BAR, TWO RESTR ROOMS KITCHEN AND STORAGE IN SITUATED ON THE EAST SIDE OF C	ROOMS AND OFFICE N THE BASEMENT C				
I hereby certify and swear under penaltie 1. the renewed license will be of 2. the licensee has complied wit 3. the premises are now open fo SIGNED BY Individual Partne	f the same type for the shall laws of the Comm	onwealth relating in below)			
marviduat, i artiic	or or rumorized corpor	die Officer			
DATE: TELEPHON	NE NUMBER:		R IDENTIFICAT dividual Social S		
We the undersigned, attest that we ar Acts of 2004, signed by the building in named license and (2) the certificate of of 2010.	spector and the head	of the fire depart	ment for the	above	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	SING AUTHO	ORITY	
DATE:				_	



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LICENSE NUMBE	R: 077800109		CITY	OR TOWN	NEW BED	FORD
APPLICATION FO	R RENEWAL:	Annua	l	LICEN	SED FOR 20)13
		CLASS	S			YEAR
LICENSEE NAME:	: UNITED FISHERM	IAN CLUB IN	C.			
DOING BUSINESS	A					
ADDRESS 639 OR	CHARD ST.					
CITY/TOWN: NE	W BEDFORD	STATE:	MA ZI	IP CODE:	02744	
MANAGER: CUS	STODIO, JACK TYPI	E OF LICENS	E:General or premise	n Ca	ATEGORY:	All Alcohol
EMAIL ADDRESS	:					
	PLEASE ALSO VISIT OUR WEB	SITE AND ENTER Y	OUR EMAIL ADD	DRESS		-
	LICENSED PREMISE					
FOUR ROOMS WI	TH STORAGE ON FI	RST FLOOR (OF A ONE S	STORY BLD	G	
I hereby certify and	swear under penalties of	of perjury that:				
	ved license will be of the	• 1				
2. the licens	see has complied with a	all laws of the	Commonwea	alth relating to	taxes; and	
3. the prem	ises are now open for b	ousiness (If not	explain belo	ow)		
SIGNED BY	Individual, Partner of	or Authorized (Corporate O	fficer		
DATE:	TELEPHONE	NUMBER:	(ION NUMBER: ecurity Number)
Acts of 2004, signe	ed, attest that we are i ed by the building insp (2) the certificate of l	ector and the	head of the	e fire departı	nent for the	above
Please Check Below:			LOC	CAL LICENS	ING AUTHO	ORITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved expl	ain)					
DATE:						
APPLICATION FOR RENE	WAL MUST BE FILED BY LIC	ENSEES DURING	THE MONTH O	F NOVEMBER (M	I.G.L. Ch. 138 \$ 16	5A)



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LICENSE NUMBER: 077800110	C	ITY OR TOWN	NEW BEDF	ORD
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 201	13
	CLASS		Y	YEAR
LICENSEE NAME: THE SKY ROOM INCOMING BUSINESS A THE SKY ROOM	С			
ADDRESS 651 ORCHARD ST.				
CITY/TOWN: NEW BEDFORD	STATE: MA	ZIP CODE:	02744	
MANAGER: CARTER, AUDREY TYPE	OF LICENSE: Resta	urant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WEBSI	ITE AND ENTER YOUR EMAI	L ADDRESS		
DESCRIPTION OF LICENSED PREMISES	S:			
5 RMS TO INCLUDE; 1 V.I.P. RM.2 FUNC ENTERTAINMENT RM.WITH BAR,DJ BO KITCHEN AND STORAGE AREA ON TH THE LEFT SIDE OF ORCHARD ST.AND	OOTH & STAGE A E4TH FL. OF A CO	REA WITH DAN MMERCIAL BL	CE FLOOR,A	
I hereby certify and swear under penalties of	perjury that:			
1. the renewed license will be of the		_		
2. the licensee has complied with all		_	taxes; and	
3. the premises are now open for bus	siness (If not explain	below)		
3. the premises are now open for bus SIGNED BY Individual, Partner or				
SIGNED BY				
SIGNED BY	Authorized Corpora	te Officer	IDENTIFICATIO	ON NUMBER:
SIGNED BY Individual, Partner or	Authorized Corpora	te Officer EMPLOYER	IDENTIFICATIO	
SIGNED BY Individual, Partner or	Authorized Corpora NUMBER: possession (1) the corpora and the head of	EMPLOYER (Note: NOT Indertificate require	ividual Social Sec ed by Chapter nent for the a	r 304 of the
SIGNED BY Individual, Partner or DATE: TELEPHONE N We the undersigned, attest that we are in Acts of 2004, signed by the building inspenamed license and (2) the certificate of liq	Authorized Corpora NUMBER: possession (1) the coctor and the head of the possession in the sector and the head of the possession is a sector and the head of the possession is a sector and the head of the possession is a sector and the head of the possession is a sector and the head of the possession is a sector and the head of the possession is a sector and the head of the possession is a sector and the head of the possession is a sector and the head of the possession is a sector and the head of the possession is a sector and the head of the possession is a sector and the head of the h	EMPLOYER (Note: NOT Indertificate require	ividual Social Sec ed by Chapter nent for the a Chapter 116 o	r 304 of the above of the Acts
SIGNED BY Individual, Partner or DATE: TELEPHONE N We the undersigned, attest that we are in Acts of 2004, signed by the building inspenamed license and (2) the certificate of liq of 2010. Please Check Below: APPROVED:	Authorized Corpora NUMBER: possession (1) the coctor and the head of the possession in the head of t	EMPLOYER (Note: NOT Indertificate require f the fire departunce required by	ividual Social Sec ed by Chapter nent for the a Chapter 116 o	r 304 of the above of the Acts
SIGNED BY Individual, Partner or DATE: TELEPHONE N We the undersigned, attest that we are in Acts of 2004, signed by the building inspenamed license and (2) the certificate of liq of 2010. Please Check Below: APPROVED: DISAPPROVED:	Authorized Corpora NUMBER: possession (1) the coctor and the head of the possession in the head of t	EMPLOYER (Note: NOT Indertificate require f the fire department of t	ividual Social Sec ed by Chapter nent for the a Chapter 116 o	r 304 of the above of the Acts
SIGNED BY Individual, Partner or DATE: TELEPHONE N We the undersigned, attest that we are in Acts of 2004, signed by the building inspenamed license and (2) the certificate of liq of 2010. Please Check Below: APPROVED:	Authorized Corpora NUMBER: possession (1) the coctor and the head of the possession in the head of t	EMPLOYER (Note: NOT Indertificate require f the fire department of t	ividual Social Sec ed by Chapter nent for the a Chapter 116 o	r 304 of the above of the Acts
SIGNED BY Individual, Partner or DATE: TELEPHONE N We the undersigned, attest that we are in Acts of 2004, signed by the building inspenamed license and (2) the certificate of liq of 2010. Please Check Below: APPROVED: DISAPPROVED:	Authorized Corpora NUMBER: possession (1) the coctor and the head of the possession in the head of t	EMPLOYER (Note: NOT Indertificate require f the fire department of t	ividual Social Sec ed by Chapter nent for the a Chapter 116 o	r 304 of the above of the Acts



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LICENSE NUMBER:	077800111		CITY OR TOWN	NEW BED	FORD
APPLICATION FOR	RENEWAL:	Annual	LICEN	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	ANDREWS DAHIL	L POST 1531 VE	ΓS		
DOING BUSINESS A	OF FOREIGN WA	RS OF U.S. INC.			
ADDRESS 477 PARK	CST.				
CITY/TOWN: NEW	BEDFORD	STATE: MA	ZIP CODE:	02740	
MANAGER: FLINN M	N, PATRICK TYPE	E OF LICENSE: Vo	eterans club C	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
PI	LEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR I	EMAIL ADDRESS		_
DESCRIPTION OF L	ICENSED PREMISE	ES:			
THREE ROOMS ANI ON FIRST FLOOR	O KITCHEN ON TH	E FIRST FLOOR	OF A ONE STORY	BLDG WITI	H STOCK
I hereby certify and sw	ear under penalties o	of perjury that:			
1. the renewed	d license will be of th	ie same type for the	e same premises nov	v licensed;	
2. the licensee	e has complied with a	ll laws of the Com	monwealth relating	to taxes; and	
3. the premise	es are now open for b	usiness (If not exp	lain below)		
SIGNED BY	T 11 1 1 D		0.55		
	Individual, Partner o	r Authorized Corp	orate Officer		
DATE.					
DATE:	TELEPHONE	NUMBER:			ΓΙΟΝ NUMBER: Security Number)
			(1.010) <u>1.102</u> III	arviduai Boeiai B	security (variable)
We the undersigned, Acts of 2004, signed named license and (2 of 2010.	by the building insp	ector and the hea	d of the fire depart	tment for the	above
Please Check Below:			LOCAL LICEN	SING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved explain	n)				
DATE:					



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LICENSE NUI	MBER: 077800112		CITY OR TOWN	NEW BEDFORD
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	NSED FOR 2013
		CLASS		YEAR
LICENSEE NA	AME: FERNANDO'S	ENTERPRISES, IN	VC.	
DOING BUSIN	NESS A THE ROASTI	ED PIG		
ADDRESS 98	Nash Rd			
CITY/TOWN:	NEW BEDFORD	STATE: N	MA ZIP CODE:	02746
MANAGER:	GODINHO, FERNANDO	ΓΥΡΕ OF LICENSE	∃:Restaurant C	CATEGORY: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT OU	UR WEBSITE AND ENTER YO	OUR EMAIL ADDRESS	
DESCRIPTION	N OF LICENSED PRE	MISES:		
	q ft, one dining room w rst floor of a one story b		m, restrooms, walk in coexits	oler, freezer and smoke
I hereby certify	and swear under penal	ties of perjury that:		
1. the	renewed license will be	of the same type fo	or the same premises nov	v licensed;
2. the 1	licensee has complied v	vith all laws of the C	Commonwealth relating	to taxes; and
3. the 1	premises are now open	for business (If not	explain below)	
SIGNED BY				
	Individual, Part	tner or Authorized C	Corporate Officer	
DATE:	TELEPH	ONE NUMBER:	EMPLOYE	R IDENTIFICATION NUMBER:
			(Note: NOT In	dividual Social Security Number)
Acts of 2004,	signed by the building	inspector and the	head of the fire depart	red by Chapter 304 of the tment for the above Chapter 116 of the Acts
Please Check Belo	ow:		LOCAL LICEN	SING AUTHORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	explain)			
			-	
DATE:				
•				



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LICENSE NUMBER	::07/800114		CITY OR I	OWN NEW BEL	FUKD
APPLICATION FOR	R RENEWAL:	Annual	Ι	LICENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS			GROUP INC.		
ADDRESS 672-74 P	LEASANT ST.				
CITY/TOWN: NEW	V BEDFORD	STATE: MA	ZIP COI	DE: 02740	
MANAGER: BEAI	RD, PHILIP C. TY		eneral on remise	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
DESCRIPTION OF I	LICENSED PREM IE FIRST FLOOR	OF A TWO STORY		STOCK IN CELLA	AR
I hereby certify and s	•		•	1' 1	
		f the same type for the	•		
	-	th all laws of the Con or business (If not exp		ating to taxes; and	
SIGNED BY	Individual, Partne	er or Authorized Cor	porate Officer		
DATE:	TELEPHO:	NE NUMBER:		PLOYER IDENTIFICAT	
We the undersigned Acts of 2004, signed named license and (of 2010.	l by the building in	nspector and the he	ad of the fire d	epartment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expla	in)		LOCAL LI	ICENSING AUTH	ORITY



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LICENSE NUMBER: 077800116	CITY OR TOWN NEW BEDFORD
APPLICATION FOR RENEWAL: Annual	LICENSED FOR 2013
CLASS	YEAR
LICENSEE NAME: ROUTE SIX PROPERTIES, INC DOING BUSINESS A TEMPTATION	
ADDRESS 161 POPES ISLAND	
CITY/TOWN: NEW BEDFORD STATE: M	IA ZIP CODE: 02740
MANAGER: CAMARA, STEVEN TYPE OF LICENSE M.	Restaurant CATEGORY: All Alcohol
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOU DESCRIPTION OF LICENSED PREMISES:	UR EMAIL ADDRESS
STOCK IN TWO AREAS ON THE FIRST FLOOR.ONE TWO DRESSING ROOMS,LARGE BAR,MAIN STAGE FUNCTION ROOM, THREE RESTROOMS, ELECTRIC	TWO SMALL STAGES LARGE
I hereby certify and swear under penalties of perjury that:	
1. the renewed license will be of the same type for	the same premises now licensed;
2. the licensee has complied with all laws of the C	_
3. the premises are now open for business (If not e	explain below)
SIGNED BY Individual, Partner or Authorized Co	orporate Officer
DATE: TELEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
	(Note: NOT Individual Social Security Number)
We the undersigned, attest that we are in possession (1 Acts of 2004, signed by the building inspector and the l named license and (2) the certificate of liquor liability i of 2010.	nead of the fire department for the above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)	LOCAL LICENSING AUTHORITY By:
DATE:	



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LICENSE NUMBE	R: 077800117		CITY OR TOWN	NEW BED	FORD
APPLICATION FO	R RENEWAL:	Annual	LICEN	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	: TIAGO LIMITED				
DOING BUSINESS	S A CAFE SAN PAULO)			
ADDRESS 431-33	BOLTON STREET				
CITY/TOWN: NE	W BEDFORD	STATE: MA	ZIP CODE:	02740	
	ELHO, TYPE ΓΕΓΟ L.	OF LICENSE: G	eneral on C	CATEGORY:	All Alcohol
EMAIL ADDRESS	:]
	PLEASE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREMISE	S:			
	I BAR OCCUPYING A ITH STORAGE IN REA				ONE
I hereby certify and	swear under penalties of	f perjury that:			
1. the renev	wed license will be of the	e same type for th	e same premises nov	v licensed;	
2. the licens	see has complied with al	l laws of the Con	monwealth relating	to taxes; and	
3. the prem	ises are now open for bu	siness (If not exp	lain below)		
SIGNED BY					
5161(22) 21	Individual, Partner or	· Authorized Corp	orate Officer		
DATE:	TELEPHONE 1	NUMBER:	EMPLOYE	R IDENTIFICAT	TION NUMBER:
			(Note: NOT In	ndividual Social S	ecurity Number)
Acts of 2004, signe	ed, attest that we are in ed by the building inspe (2) the certificate of lid	ector and the hea	nd of the fire depart	tment for the	above
Please Check Below:			LOCAL LICEN	SING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expl	ain)		-		
DATE:					
D111 L.					



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LICENSE NUMBEI	K:0//800118		CI	IY OR TO	WN NEW BEL	Druku
APPLICATION FO	R RENEWAL:	Annu	al	LIC	CENSED FOR 2	013
		CLAS				YEAR
LICENSEE NAME:	ZEITERION	THEATRE, INC.				
DOING BUSINESS		11121112, 11, 0,				
ADDRESS 684 PUI						
CITY/TOWN: NE		STATE:	MA	ZIP CODE	E: 02740	
		~				
	OWLES, THERINE	TYPE OF LICEN	SE: Genera premis		CATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER	YOUR EMAIL	ADDRESS		
DESCRIPTION OF	LICENSED PF	REMISES:				
TWO ROOMS WHI LOBBY AND ALSO THEATRE WITH T WITH STOCK IN E	O FROM AN A THREE RESTR	LCOVE CONCESS	ION IN T	HE RIGHT	FRONT OF TH	Е
I hereby certify and	swear under per	nalties of perjury tha	t:			
1. the renew	ved license will	be of the same type	for the sar	ne premises	now licensed;	
2. the licens	see has complied	d with all laws of the	Common	wealth relati	ing to taxes; and	
3. the premi	ises are now ope	en for business (If no	ot explain	below)		
SIGNED BY	Individual, P	artner or Authorized	l Corporat	e Officer		
DATE:				EMDI (OYER IDENTIFICA	TION NIIMDED.
DITTE.	TELEF	PHONE NUMBER:			$\underline{\Gamma}$ Individual Social :	
				· · · · · · · · · · · · · · · · · · ·		Decurry Turner,
We the undersigned Acts of 2004, signed named license and of 2010.	d by the buildi	ng inspector and th	ne head of	the fire dep	partment for the	e above
Please Check Below:			I	LOCAL LIC	ENSING AUTH	IORITY
APPROVED:				Зу:	21,011,011011	.01.11
DISAPPROVED: [
(If disapproved expl	ain)					
DATE:						



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LICENSE NUMBER:	077800119		CITY	OR TOWN	NEW BEL	DFORD
APPLICATION FOR	RENEWAL:	Annual		LICE	NSED FOR 2	013
		CLASS				YEAR
LICENSEE NAME:	NG RESTAUR	ANT CORP.				
DOING BUSINESS A	BAMBOO GA	ARDEN RESTAUR	ANT			
ADDRESS 836 PURC	CHASE ST.					
CITY/TOWN: NEW	BEDFORD	STATE:	MA ZII	P CODE:	02740	
MANAGER: NG, L	INA S. T	TYPE OF LICENSE	E:Restaurant	(CATEGORY:	All Alcohol
EMAIL ADDRESS:						
PI	EASE ALSO VISIT OU	R WEBSITE AND ENTER YO	OUR EMAIL ADDI	RESS		
DESCRIPTION OF L						
ONE ROOM AND KI CELLAR	TCHEN ON FII	RST FLOOR OF A	TWO STOR	RY BLDG	WITH STOCI	K IN
I hereby certify and sw	ear under penalt	ties of perjury that:				
1. the renewed	d license will be	of the same type fo	r the same pr	remises no	w licensed;	
2. the licensee	has complied w	with all laws of the C	Commonweal	lth relating	to taxes; and	
3. the premise	s are now open	for business (If not	explain belo	w)		
SIGNED BY	Individual Part	ner or Authorized C	'orporate Of	ficer		
	1101/10001, 1 010		,orpor uic or			
DATE:	TEI EDH	ONE NUMBER:		EMPLOYI	ER IDENTIFICA	ΓΙΟΝ NUMBER:
	TELETIN	SINE NUMBER.	1)		ndividual Social S	
33 7 (1 1 1 1 1	44 441 4	• •	1 1 10	. , .		204 64
We the undersigned, Acts of 2004, signed						
named license and (2 of 2010.						
Please Check Below:			LOC	AL LICEN	ISING AUTH	ORITY
APPROVED:	_		By:			
DISAPPROVED:	_					
(If disapproved explain	1)					
DATE:						
APPLICATION FOR RENEWA	AL MUST BE FILED B	BY LICENSEES DURING T	THE MONTH OF	NOVEMBER	(M.G.L. Ch. 138 \$ 1	6A)



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER:	7//800120		CITY OR TOW	N NEW DED	FURD
APPLICATION FOR F	RENEWAL:	Annual	LICE	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: 7 DOING BUSINESS A ADDRESS 908 PURCI	BAR 908	ESTAURANT, INC			
CITY/TOWN: NEW I		STATE: MA	ZIP CODE:	02740	
	THOMAS A.TYPE	OF LICENSE: Res		CATEGORY:	All Alcohol
EMAIL ADDRESS:	EASE ALSO VISIT OUR WEB				
DESCRIPTION OF LI	CENSED PREMISE	ES:			
TO INCLUDE AN OU	TDOOR PORCH (2	0'X 30') FOR OUT	DOOR DINING	PURPOSES	
2. the licensee	license will be of the has complied with a sare now open for be	e same type for the ll laws of the Comn	nonwealth relating		
SIGNED BY	Individual, Partner o	r Authorized Corpo	rate Officer		
DATE:	TELEPHONE	NUMBER:		ER IDENTIFICAT	
We the undersigned, a Acts of 2004, signed be named license and (2) of 2010.	y the building insp	ector and the head	of the fire depa	rtment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain]		LOCAL LICER By:	NSING AUTH	ORITY
DATE:					

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



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LICENSE NUMBER:	077800121		CITY OR TO	WN NEW BEL	DFORD
APPLICATION FOR	RENEWAL:	Annual	LI	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS 1367 PUR	A DIPPER CAFÉ	SSOCIATES, LLC			
CITY/TOWN: NEW	BEDFORD	STATE: MA	A ZIP CODI	E: 02740	
MANAGER: GAGN	NE, WAYNE TY		General on premise	CATEGORY:	All Alcohol
EMAIL ADDRESS:		-			
DESCRIPTION OF L TWO ROOMS AND IN REAR OF FIRST	ICENSED PREMI KITCHEN ON TH			RY BLDG WITH	STOCK
	-	h all laws of the Co r business (If not ex		ing to taxes; and	
SIGNED BY	Individual, Partne	r or Authorized Co.	rporate Officer		
DATE:	TELEPHON	NE NUMBER:		OYER IDENTIFICA' O'T Individual Social S	
We the undersigned Acts of 2004, signed named license and (2 of 2010.	by the building in	spector and the h	ead of the fire de	partment for the	e above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	 n)		LOCAL LIC By:	CENSING AUTH	ORITY
DATE:					



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LICENSE NUI	MBER: 077800122		CITY OR TOWN	NEW BEDFORD
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NA	AME: CASA CHES	SA CORP.		
DOING BUSIN	NESS A CAFÉ BALI	ENA		
ADDRESS 24	NORTH WATER ST	1		
CITY/TOWN:	NEW BEDFORD	STATE: N	MA ZIP CODE:	02746
MANAGER:	CHESSA, MAIRY SAWICKI	TYPE OF LICENSE	::Restaurant C.	ATEGORY: Wine and Malt Regular
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT (OUR WEBSITE AND ENTER YO	OUR EMAIL ADDRESS	
DESCRIPTION	N OF LICENSED PR	EMISES:		
			TROOMS ON FIRST F K IN COOLER IN BAS	
I hereby certify	and swear under pen	alties of perjury that:		
1. the	renewed license will b	be of the same type for	r the same premises now	licensed;
2. the 1	licensee has complied	with all laws of the C	Commonwealth relating to	o taxes; and
3. the 1	premises are now ope	n for business (If not	explain below)	
SIGNED BY				
	Individual, Pa	artner or Authorized C	orporate Officer	
DATE:	TELEP	HONE NUMBER:		R IDENTIFICATION NUMBER:
			(Note: NOT Inc	dividual Social Security Number)
Acts of 2004,	signed by the buildir	ng inspector and the	head of the fire depart	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Belo	ow:		LOCAL LICENS	SING AUTHORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	explain)			
			-	
DATE:			-	
DATE.				



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LICENSE NUMBER: 07/800123		CITY OR TOWN	NEW BED	FURD
APPLICATION FOR RENEWAL:	Annual	LICEN	ISED FOR 20)13
	CLASS			YEAR
LICENSEE NAME: Tropicana Bar & C	Grill, Inc			
DOING BUSINESS A				
ADDRESS 1700 PURCHASE ST				
CITY/TOWN: NEW BEDFORD	STATE: MA	ZIP CODE:	02740	
MANAGER: Barbosa, Maria TY	PE OF LICENSE: Re	staurant C	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF LICENSED PREMI	ISES:			
I hereby certify and swear under penaltie	s of perjury that:			
1. the renewed license will be of	f the same type for the	e same premises now	licensed;	
2. the licensee has complied wit	h all laws of the Com	monwealth relating t	to taxes; and	
3. the premises are now open for	r business (If not expl	ain below)		
SIGNED BY Individual, Partne	er or Authorized Corp	orate Officer		
DATE: TELEBRION		EMPLOVE	R IDENTIFICAT	TON NUMBER:
TELEPHON	NE NUMBER:			ecurity Number)
We the undersigned, attest that we ar Acts of 2004, signed by the building in named license and (2) the certificate of of 2010.	spector and the hea	d of the fire depart	ment for the	above
Please Check Below:		LOCAL LICENS	SING AUTHO	ORITY
APPROVED:		By:		
DISAPPROVED: (If disapproved explain)				
(spp-0				
DATE:				
APPLICATION FOR RENEWAL MUST BE FILED BY	LICENSEES DURING THE M	MONTH OF NOVEMBER (N	л.G.L. Ch. 138 \$ 16	5A)



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LICENSE NUMBEI	K: 07/800124		CI	I Y OK TOW	N NEW DEL	PUKD
APPLICATION FO	R RENEWAL:	Annu	al	LICE	ENSED FOR 2	013
		CLAS	SS			YEAR
LICENSEE NAME:		c GRILLE INC.				
DOING BUSINESS						
ADDRESS 1846 PU						
CITY/TOWN: NE	W BEDFORD	STATE:	MA	ZIP CODE:	02740	
MANAGER: LAV	VRENCE, AR J.	TYPE OF LICEN	SE:Restau	rant	CATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER	YOUR EMAIL	ADDRESS		_
DESCRIPTION OF	LICENSED PI	REMISES:				
KITCHEN IN BASI	EMENT, WITH TUATED AT P	KITCHEN, AND O H STOCK IN CELLA REMISES ON THE	AR AND F	EAR OF FIRE	ST FLOOR OF	F A ONE
I hereby certify and	swear under pe	nalties of perjury tha	t:			
1. the renew	ved license will	be of the same type	for the san	ne premises no	w licensed;	
2. the licens	see has complie	d with all laws of the	Common	wealth relating	g to taxes; and	
3. the premi	ises are now op	en for business (If no	ot explain	below)		
SIGNED BY	Individual, F	Partner or Authorized	Corporate	e Officer		
DATE:	TELEI	PHONE NUMBER:		EMPLOY	ER IDENTIFICAT	ΠΟΝ NUMBER:
				(Note: NOT	Individual Social S	Security Number)
Acts of 2004, signe	d by the build	we are in possession ing inspector and th ate of liquor liabili	e head of	the fire depa	rtment for the	above
Please Check Below:			Ι	OCAL LICE	NSING AUTH	ORITY
APPROVED:				By:		
DISAPPROVED: [
(If disapproved expl	ain)		-			
			-			
			-			
DATE:						



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LICENSE NUMBER:	077800125		CITY OR TOW	N NEW BED	FORD
APPLICATION FOR	RENEWAL:	Annual	LICI	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: ODOING BUSINESS A ADDRESS 1478 ACU	CAFE MONTE CA		TION		
CITY/TOWN: NEW	BEDFORD	STATE: MA	ZIP CODE:	02746	
MANAGER: PEREI	RA, TONY S. TYP		General on remise	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
DESCRIPTION OF LI	EASE ALSO VISIT OUR WEI		EMAIL ADDRESS		
FRONT ROOM APPR RESTROOMS WITH			16X13 FOR STOR	RAGE, TWO	
2. the licensee	I license will be of the has complied with a sare now open for b	he same type for the all laws of the Cor	nmonwealth relatin		
SIGNED BY	Individual, Partner (or Authorized Cor	porate Officer		
DATE:	TELEPHONE	E NUMBER:		YER IDENTIFICAT	
We the undersigned, Acts of 2004, signed I named license and (2 of 2010.	by the building insp	pector and the he	ad of the fire depa	rtment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain]		LOCAL LICE By:	NSING AUTH	ORITY
DATE:					



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LICENSE NUME	3EK: 07/800126		CITY OR TO	OWN NEW DEL	DrukD
APPLICATION F	FOR RENEWAL:	Annual	Ll	ICENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAM	IE: TONY'S CAF	É & BAR.INC.			
DOING BUSINE		,			
ADDRESS 118 C					
CITY/TOWN: N		STATE: M	A ZIP COD	E: 02744	
MANAGER: R.	APOSO,	TYPE OF LICENSE:		CATEGORY:	All Alcohol
A	NTONIO M.				
EMAIL ADDRES	SS:				
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOU	R EMAIL ADDRESS		
DESCRIPTION (OF LICENSED PR	EMISES:			
ON THE FIRST I	FLOOR WITH ST	AREA, SEPARATE K ORAGE ON THE FIR FRANCES/EXITS IN	ST FLOOR AND	IN BASEMENT	OF A
I hereby certify ar	nd swear under pen	alties of perjury that:			
1. the ren	newed license will	be of the same type for	the same premises	s now licensed;	
2. the lice	ensee has complied	l with all laws of the Co	ommonwealth rela	ting to taxes; and	
3. the pre	emises are now ope	en for business (If not e	xplain below)		
SIGNED BY					
	Individual, Pa	artner or Authorized Co	orporate Officer		
DATE:	TELEP	HONE NUMBER:	EMPI	OYER IDENTIFICA	TION NUMBER:
			(Note: <u>NC</u>	<u>OT</u> Individual Social S	Security Number)
*** 41 1 1	.				4 204 64
		e are in possession (1) ng inspector and the h			
		ate of liquor liability in			
of 2010.	. ,		•		
Please Check Below:			LOCALLIC	CENSING AUTH	ORITY
APPROVED:			By:	eli (bii (c i i i	
DISAPPROVED:	: 🔲		-3.		
(If disapproved ex	cplain)				
DATE:					



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LICENSE NUMBE	R: 077800128		CITY OR TOWN	NEW BED	FORD
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 20)13
		CLASS			YEAR
LICENSEE NAME:	NICOLE & LUCY C	ORPORATION			
DOING BUSINESS	A PARK SPORTS CA	AFE			
ADDRESS 329 RIV	ET ST.				
CITY/TOWN: NE	W BEDFORD	STATE: MA	ZIP CODE:	02744	
MANAGER: MEI L.	DEIROS, JOHN TYPE	OF LICENSE: Res	taurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR EM	IAIL ADDRESS		
	LICENSED PREMISE				
ONE ROOM AND STOCK IN CELLA	KITCHEN ON THE FI R	RST FLOOR OF A	THREE STORY B	UILDING W	/ITH
I hereby certify and	swear under penalties of	f perjury that:			
1. the renew	ved license will be of the	e same type for the	same premises now	licensed;	
2. the licens	see has complied with al	l laws of the Comm	nonwealth relating to	taxes; and	
3. the premi	ises are now open for bu	isiness (If not expla	in below)		
SIGNED BY					
	Individual, Partner or	: Authorized Corpo	rate Officer		
DATE.					
DATE:	TELEPHONE	NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TON NUMBER:
			(****** <u>******</u> Ind	i vidadi Boeidi B	cearity (valueer)
Acts of 2004, signe	d, attest that we are ir d by the building insp (2) the certificate of li	ector and the head	of the fire departr	nent for the	above
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:	• `				
(If disapproved expl	aın)				
DATE:			-		



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LICENSE NUMBER	R: 077800129		CITY OR TOWN NEW B	EDFORD	
APPLICATION FO	R RENEWAL:	Annual	LICENSED FOR 2013		
		CLASS		YEAR	
LICENSEE NAME: DOING BUSINESS ADDRESS 1461 AC					
CITY/TOWN: NE	W BEDFORD	STATE: MA	ZIP CODE: 02740		
MANAGER: RIZ,	ELIZABETH TY	PE OF LICENSE: Re	staurant CATEGOR	Y: Wine and Malt Regular	
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR W	VEBSITE AND ENTER YOUR E	MAIL ADDRESS		
DESCRIPTION OF					
ONE ROOM WITH STORAGE ON FIR		TROOMS, WALK IN	COOLER, ONE STORY BLI	DG,	
I hereby certify and	swear under penaltie	s of perjury that:			
1. the renew	ved license will be of	the same type for the	e same premises now licensed;		
2. the licens	see has complied with	h all laws of the Com	monwealth relating to taxes; ar	nd	
3. the premi	ises are now open for	r business (If not expl	ain below)		
SIGNED BY	Individual, Partne	r or Authorized Corp	orate Officer		
DATE:	TELEPHON	NE NUMBER:	EMPLOYER IDENTIFIC (Note: <u>NOT</u> Individual Soci		
Acts of 2004, signe	d by the building in	spector and the hea	ne certificate required by Cha d of the fire department for t urance required by Chapter	the above	
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved expl	ain)		LOCAL LICENSING AUT By:	THORITY	
DATE:					



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LICENSE NUMBER: 077800130		CITY OR TOWN	NEW BEDFORD	
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR 2013		
	CLASS		YEAR	
LICENSEE NAME: EL MEXICANO DOING BUSINESS A MI ANTOJO M		ANT		
ADDRESS 95 RIVET				
CITY/TOWN: NEW BEDFORD	STATE: MA	ZIP CODE:	02740	
MANAGER: ROJAS,GRISAY T	YPE OF LICENSE: Re	estaurant CA	ATEGORY: All Alcohol	
EMAIL ADDRESS:	-			
PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR F	EMAIL ADDRESS		
DESCRIPTION OF LICENSED PREM 2 DINING ROOMS WITH TWO REST ROOM THAT CONSISTS OF PREP R EMERGENCY EXIT AT REAR OF PR BLDG. APPROX 2000 SQ FT.	TROOMS ENTRANC ROOM, KITCHEN AN	ID STORAGE AREA	A WITH AN	
1. the renewed license will be of the licensee has complied with the premises are now open for the licensee has a license open for the licensee has a licensee has licensee has complied with the premises are now open for the licensee has a licensee has licensee	of the same type for the ith all laws of the Com	monwealth relating to		
SIGNED BY Individual, Partn	er or Authorized Corp	orate Officer		
DATE: TELEPHO	ONE NUMBER:		R IDENTIFICATION NUMBER: lividual Social Security Number)	
We the undersigned, attest that we at Acts of 2004, signed by the building i named license and (2) the certificate of 2010.	inspector and the hea	d of the fire departi	ment for the above	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	SING AUTHORITY	
DATE:				



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LICENSE NUM	MBER: 077800131		CITY OR TOWN	NEW BEDFO	RD
APPLICATION	N FOR RENEWAL:	Annual	LICEN	SED FOR 2013	
		CLASS		YE	EAR
LICENSEE NA DOING BUSIN	AME: MA RAFFA'S INC. NESS A				
ADDRESS 85	ROCKDALE AVE.				
CITY/TOWN:	NEW BEDFORD	STATE: MA	ZIP CODE:	02740	
MANAGER:	RAFFA, STEVEN TYP	E OF LICENSE: Re	estaurant CA	ATEGORY: A	ll Alcohol
EMAIL ADDR	ESS:				
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR F	CMAIL ADDRESS		
DESCRIPTION	N OF LICENSED PREMIS	ES:			
TWO ROOMS IN CELLAR	AND KITCHEN ON THE	FIRST FLOOR O	F A ONE STORY BI	LDG WITH STO	OCK
I hereby certify	and swear under penalties	of perjury that:			
1. the 1	renewed license will be of the	he same type for the	e same premises now	licensed;	
2. the l	licensee has complied with	all laws of the Com	monwealth relating to	o taxes; and	
3. the 1	premises are now open for b	ousiness (If not exp	lain below)		
SIGNED BY	Individual, Partner	or Authorized Corp	orate Officer		
DATE:	TELEPHONE	E NUMBER:		R IDENTIFICATION	
Acts of 2004, s	signed, attest that we are signed by the building inspand (2) the certificate of	pector and the hea	d of the fire departı	ment for the ab	ove
Please Check Belo	<u>w:</u>		LOCAL LICENS	SING AUTHOR	ITY
APPROVED:			By:		
DISAPPROVE					
(If disapproved	explain)				
DATE:					
APPLICATION FOR	RENEWAL MUST BE FILED BY LIC	CENSEES DURING THE M	MONTH OF NOVEMBER (M	I.G.L. Ch. 138 \$ 16A)	



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	CITY OR TOWN NEW BEDFORD
APPLICATION FOR RENEWAL: Annual	LICENSED FOR 2013
CLASS	YEAR
LICENSEE NAME: LOYAL ORDER OF MOOSE, INC	2.
DOING BUSINESS A NEW BEDFORD LODGE #914	
ADDRESS 119 ROCKDALE AVE.	
CITY/TOWN: NEW BEDFORD STATE: N	MA ZIP CODE: 02740
MANAGER: JOHNSON, DANNYTYPE OF LICENSE	CATEGORY: All Alcohol
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AND ENTER YO	DUR EMAIL ADDRESS
DESCRIPTION OF LICENSED PREMISES:	
THREE ROOMS AND BAR, WITH KITCHEN, OFFICE RESTROOMS ON THE FIRST FLOOR OF A ONE STO REAR OF FIRST FLOOR.	
I hereby certify and swear under penalties of perjury that:	
1. the renewed license will be of the same type for	r the same premises now licensed;
2. the licensee has complied with all laws of the C	_
3. the premises are now open for business (If not	explain below)
SIGNED BY Individual, Partner or Authorized C	Corporate Officer
DATE: TELEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:
DATE: TELEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
DATE: TELEPHONE NUMBER: We the undersigned, attest that we are in possession (1 Acts of 2004, signed by the building inspector and the named license and (2) the certificate of liquor liability of 2010.	(Note: <u>NOT</u> Individual Social Security Number) 1) the certificate required by Chapter 304 of the head of the fire department for the above
We the undersigned, attest that we are in possession (1 Acts of 2004, signed by the building inspector and the named license and (2) the certificate of liquor liability	(Note: <u>NOT</u> Individual Social Security Number) 1) the certificate required by Chapter 304 of the head of the fire department for the above
We the undersigned, attest that we are in possession (1 Acts of 2004, signed by the building inspector and the named license and (2) the certificate of liquor liability of 2010. Please Check Below: APPROVED:	(Note: NOT Individual Social Security Number) 1) the certificate required by Chapter 304 of the head of the fire department for the above insurance required by Chapter 116 of the Acts
We the undersigned, attest that we are in possession (I Acts of 2004, signed by the building inspector and the named license and (2) the certificate of liquor liability of 2010. Please Check Below: APPROVED: DISAPPROVED:	(Note: NOT Individual Social Security Number) 1) the certificate required by Chapter 304 of the head of the fire department for the above insurance required by Chapter 116 of the Acts LOCAL LICENSING AUTHORITY
We the undersigned, attest that we are in possession (1 Acts of 2004, signed by the building inspector and the named license and (2) the certificate of liquor liability of 2010. Please Check Below: APPROVED:	(Note: NOT Individual Social Security Number) 1) the certificate required by Chapter 304 of the head of the fire department for the above insurance required by Chapter 116 of the Acts LOCAL LICENSING AUTHORITY
We the undersigned, attest that we are in possession (I Acts of 2004, signed by the building inspector and the named license and (2) the certificate of liquor liability of 2010. Please Check Below: APPROVED: DISAPPROVED:	(Note: NOT Individual Social Security Number) 1) the certificate required by Chapter 304 of the head of the fire department for the above insurance required by Chapter 116 of the Acts LOCAL LICENSING AUTHORITY



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LICENSE NUMBI	ER: 077800133		CITY OR TOWN	NEW BED	FORD
APPLICATION FO	OR RENEWAL:	Annual	LICEN	ISED FOR 20)13
		CLASS			YEAR
LICENSEE NAME	E: ZAMORA A	ND FAMILY INC.			
DOING BUSINES	S A CHURRASO	CARIA AVEIRENSE AT	MY PLACE		
ADDRESS 291-29	3 NASH ROAD				
CITY/TOWN: NI	EW BEDFORD	STATE: MA	ZIP CODE:	02740	
MANAGER: DIA	AS, MARIA C.	TYPE OF LICENSE: Re	estaurant C	CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS	S:				
		OUR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS		
DESCRIPTION O		REMISES: CHEN, STOCKROOM, A			
THE BACK OF TI	HE BUILDING. I	NG ONTO NASH ROAD PREMISES IS SITUATE ET AND ASHLEY BOU	D ON THE NORTH	I SIDE OF NA	ASH
I hereby certify and	l swear under pen	nalties of perjury that:			
1. the rene	wed license will	be of the same type for the	e same premises nov	v licensed;	
2. the licer	nsee has complied	d with all laws of the Com	monwealth relating	to taxes; and	
3. the pren	nises are now ope	en for business (If not exp	lain below)		
SIGNED BY	Individual, Pa	artner or Authorized Corp	orate Officer		
DATE:	TELEP	PHONE NUMBER:	EMPLOYE	R IDENTIFICAT	ION NUMBER:
			(Note: NOT In	dividual Social S	ecurity Number)
Acts of 2004, sign	ed by the buildi	ve are in possession (1) the ng inspector and the hea ate of liquor liability ins	d of the fire depart	ment for the	above
Please Check Below:			LOCAL LICEN	SING AUTHO	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved exp	olain)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 077800135		CITY OR TOWN	NEW BED	FORD
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20)13
	CLASS			YEAR
LICENSEE NAME: T & S BAR & RE	ESTAURANT, INC			
DOING BUSINESS A INNER BAY C.	AFE & GRILL			
ADDRESS 1339 COVE RD				
CITY/TOWN: NEW BEDFORD	STATE: MA	ZIP CODE:	02744	
MANAGER: SOARES, TONY TY	PE OF LICENSE: Res	staurant CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR EN	MAIL ADDRESS		_
DESCRIPTION OF LICENSED PREM	ISES:			
KITCHEN, BAR AREA, 2 RESTROOM ENTRANCES AND EXITS, ONE ROC PATIO, STORAGE IN BASEMENT				
I hereby certify and swear under penaltic	es of perjury that:			
1. the renewed license will be o	f the same type for the	same premises now	licensed;	
2. the licensee has complied wit	th all laws of the Comm	nonwealth relating to	taxes; and	
3. the premises are now open for	or business (If not expla	nin below)		
SIGNED BY				
Individual, Partne	er or Authorized Corpo	orate Officer		
DATE: TELEBRO				
TELEPHO	NE NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		ION NUMBER:
		(1101c. <u>1101</u> IIId	ividuai Sociai S	ecurity Number)
We the undersigned, attest that we are Acts of 2004, signed by the building in named license and (2) the certificate of 2010.	nspector and the head	l of the fire departr	nent for the	above
Please Check Below:		LOCAL LICENS	ING AUTHO	ORITY
APPROVED:		By:		
DISAPPROVED:				
(If disapproved explain)				
DATE:				



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LICENSE NU	MBER: 077800136		CITY OR TOWN	NEW BEDFORD
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	ISED FOR 2013
		CLASS		YEAR
LICENSEE NA	AME: ROYAL RESTAU	RANT-CAFE, INC		
DOING BUSI	NESS A			
ADDRESS 29	6 NORTH FRONT STREE	Т		
CITY/TOWN:	NEW BEDFORD	STATE: MA	ZIP CODE:	02746
MANAGER:	CARVALHO, TYP ANTONIO C.	E OF LICENSE: R	estaurant C	ATEGORY: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR	EMAIL ADDRESS	
DESCRIPTIO	N OF LICENSED PREMIS	ES:		
	S AND KITCHEN WITH T G WITH STOCK IN CELLA		S ON THE FIRST FI	LOOR OF A ONE
I hereby certify	and swear under penalties	of perjury that:		
1. the	renewed license will be of t	he same type for th	ne same premises now	licensed;
2. the	licensee has complied with	all laws of the Con	nmonwealth relating t	to taxes; and
3. the	premises are now open for l	business (If not exp	olain below)	
SIGNED BY				
5101(25 51	Individual, Partner	or Authorized Corp	porate Officer	
DATE:	TELEPHONI	E NUMBER:	EMPLOYE	R IDENTIFICATION NUMBER:
			(Note: NOT Inc	dividual Social Security Number)
Acts of 2004,	rsigned, attest that we are signed by the building ins e and (2) the certificate of	pector and the he	ad of the fire depart	ment for the above
Please Check Belo	DW:		LOCAL LICENS	SING AUTHORITY
APPROVED:			By:	
DISAPPROVI				
(If disapproved	l explain)			
DATE:				



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LICENSE NUMBER: 07780	0137	CITY OR TOW	N NEW BED	FORD
APPLICATION FOR RENE	WAL: A	nnual LICE	ENSED FOR 20	13
	Cl	LASS		YEAR
LICENSEE NAME: KNT I DOING BUSINESS A KIRI ADDRESS 818 KEMPTON				
CITY/TOWN: NEW BEDF	ODD STATI	E: MA ZIP CODE:	02744	
MANAGER: KIRBY, JAS	ON TYPE OF LIC.	ENSE: Restaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:	SO VISIT OUR WEBSITE AND EN	TEED VOUD EMAIL ADDRESS		
DESCRIPTION OF LICENS		TER YOUR EMAIL ADDRESS		
ONE ROOM ON FIRST FLO AREA WITH A 5X12 STOR ADDITIONAL STORAGE I	OOR OF A STREET LI RAGE AREA, 2 RESTR			
2. the licensee has co	-	rpe for the same premises not the Commonwealth relating f not explain below)		
SIGNED BY Indivi	dual, Partner or Authori	zed Corporate Officer		
DATE:	TELEPHONE NUMBE	AX.	ER IDENTIFICAT	
We the undersigned, attest Acts of 2004, signed by the named license and (2) the cof 2010.	building inspector an	d the head of the fire depa	rtment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		By:	NSING AUTHO	DRITY
DATE:				



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LICENSE NUMBER	R: 077800138		CITY (OR TOWN	NEW BED	FORD
APPLICATION FO	R RENEWAL:	Annua	l	LICEN	SED FOR 20	013
		CLAS	S			YEAR
LICENSEE NAME:	ZAMORA AN	D FAMILY INC				
DOING BUSINESS	A FREDDIE'S	CAFÉ				
ADDRESS 175 SAV	WYER					
CITY/TOWN: NEV	W BEDFORD	STATE:	MA ZII	P CODE:	02746	
	IORA, REDO F.	TYPE OF LICENS	E:Restaurant	C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT O	UR WEBSITE AND ENTER Y	OUR EMAIL ADDR	RESS		_
DESCRIPTION OF						
2 RMS. WITH KITO THE CELLAR & Al						
I hereby certify and s						
1. the renew	ved license will b	e of the same type for	or the same pr	emises now	licensed;	
		with all laws of the	-			
	-	n for business (If not		•	,	
		`				
SIGNED BY						
	Individual, Pa	rtner or Authorized	Corporate Off	ficer		
			[
DATE:	TELEPH	HONE NUMBER:				TON NUMBER:
			(1)	Note: NOT Inc	lividual Social S	ecurity Number)
We the undersigne Acts of 2004, signe named license and of 2010.	d by the buildin	g inspector and the	head of the	fire depart	ment for the	above
Please Check Below:			LOC	AL LICENS	SING AUTHO	ORITY
APPROVED:			By:			
DISAPPROVED:						
(If disapproved explain	aın)					
DATE:						



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LICENSE NU	MBER: 077800140		CITY OR TOWN N	EW BEDFORD
APPLICATIO	N FOR RENEWAL:	Annual	LICENSEI	D FOR 2013
		CLASS		YEAR
LICENSEE N.	AME: JM & B ENT	ERPRISES, INC.		
DOING BUSI	NESS A CAMPINO	TAVERN		
ADDRESS 82	1 SO. FIRST ST.			
CITY/TOWN:	NEW BEDFORD	STATE: MA	ZIP CODE: 0)2744
MANAGER:	DEBRITO, MANUEL	TYPE OF LICENSE: Ger	neral on CATI mise	EGORY: All Alcohol
EMAIL ADDI	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR EN	1AIL ADDRESS	
	N OF LICENSED PR			
	AND KITCHEN ON T EAR OF FIRST FLOC	ГНЕ FIRST FLOOR OF A)R	ONE STORY BUILD	ING WITH
I hereby certify	y and swear under pen	alties of perjury that:		
1. the	renewed license will l	be of the same type for the	same premises now lice	ensed;
2. the	licensee has complied	with all laws of the Comm	nonwealth relating to ta	xes; and
3. the	premises are now ope	n for business (If not expla	ain below)	
SIGNED BY				
	Individual, Pa	artner or Authorized Corpo	rate Officer	
DATE				
DATE:	TELEP	HONE NUMBER:		ENTIFICATION NUMBER: lual Social Security Number)
			(Note: 1101 marvia	uar sociar security (varioer)
Acts of 2004,	signed by the building	e are in possession (1) the ng inspector and the head nte of liquor liability insu	l of the fire departmen	nt for the above
Please Check Belo	ow:		LOCAL LICENSING	G AUTHORITY
APPROVED:			By:	371011101111
DISAPPROVI			•	
(If disapproved	d explain)			
DATE:				



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LICENSE NUN	MBER: 077800141		CI	TY OR TOWN	NEW BED	FORD
APPLICATION	N FOR RENEWAL:	Annu	al	LICEN	NSED FOR 20)13
		CLA	SS			YEAR
LICENSEE NA	ME: YOUNG CAPE	VERDEAN ATI	HLETIC A	SSOC., INC.		
DOING BUSIN	NESS A					
ADDRESS 418	SO. FRONT ST.					
CITY/TOWN:	NEW BEDFORD	STATE:	MA	ZIP CODE:	02744	
MANAGER:	DUARTE, ERIN T	YPE OF LICEN	SE:Club	C	CATEGORY:	All Alcohol
EMAIL ADDR	ESS:					
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER	YOUR EMAIL	ADDRESS		
DESCRIPTION	N OF LICENSED PREM	IISES:				
	N THE FIRST FLOOR STOCK ON THE FIRST		OM IN TH	E BASEMENT	OF A TWO	STORY
I hereby certify	and swear under penalti	es of perjury tha	ıt:			
	renewed license will be			=		
	icensee has complied wi			C	to taxes; and	
3. the p	premises are now open f	or business (If n	ot explain b	pelow)		
CICNED DV						
SIGNED BY	Individual, Partn	er or Authorized	l Corporate	Officer		
DATE:	TELEPHO	NE NUMBER:		EMPLOYE	R IDENTIFICAT	ION NUMBER:
				(Note: NOT Ir	dividual Social S	ecurity Number)
Acts of 2004, s	signed, attest that we a signed by the building i and (2) the certificate	inspector and tl	ne head of	the fire depar	tment for the	above
Please Check Belo	<u>w:</u>		L	OCAL LICEN	SING AUTHO	ORITY
APPROVED:			В	By:		
DISAPPROVE (If disapproved			=			
	•		=			
D.A.TEE			=			
DATE:			=			
APPLICATION FOR	RENEWAL MUST BE FILED BY	LICENSEES DURIN	G THE MONT	H OF NOVEMBER (M.G.L. Ch. 138 \$ 16	ōA)



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LICENSE NUM	MBER: 077800142		CITY OR TOWN	NEW BEDI	FORD
APPLICATION	N FOR RENEWAL:	Annual	LICE	NSED FOR 20	13
		CLASS		,	YEAR
DOING BUSIN	AME: CAFÉ FUNCHA NESS A 3 CHURCH ST.	L,INC.			
CITY/TOWN:	NEW BEDFORD	STATE: M	ZIP CODE:	02746	
MANAGER:	DA SILVA, T DUARTE	YPE OF LICENSE:	Restaurant (CATEGORY:	All Alcohol
EMAIL ADDR		WEBSITE AND ENTER YOU	UR EMAIL ADDRESS		
DESCRIPTION	N OF LICENSED PREM	IISES:			
BANQUET RO LIQUOR STOP ADDITIONAL	A WHICH INCLUDES DOM WITH BAR, LOB RAGE, 2 HANDICAPPI EXIT ON THE REAR BETWEEN NASH AND	BY AREA. OUTS! ED RESTROOMS. SOUTH SIDE OF I	DE PATIO, KITCHE TWO ENT/EXITS O	N WITH AREA N CHURCH S	A FOR T AND
I hereby certify	and swear under penalti	es of perjury that:			
	renewed license will be		the same premises no	w licensed;	
	licensee has complied wi	· -	=		
	premises are now open f		=	to tantes, and	
	premises are now open i	or outsiness (if not e	Apram sers wy		
SIGNED BY	Individual, Partn	er or Authorized Co	orporate Officer		
DATE:	TELEPHO	NE NUMBER:		ER IDENTIFICATI ndividual Social Se	
Acts of 2004,	signed, attest that we a signed by the building i and (2) the certificate	inspector and the l	ead of the fire depar	tment for the	above
Please Check Belo APPROVED: DISAPPROVE (If disapproved	ED:		LOCAL LICEN By:	ISING AUTHO	DRITY
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER: 077800143		CITY OR TOWN	NEW BED	FORD
APPLICATION FOR RENEWAL:	Annual	LICEN	NSED FOR 20	013
	CLASS			YEAR
LICENSEE NAME: NEW BEDFOR DOING BUSINESS A	RD LODGE #73 B.P.O.	, ELKS		
ADDRESS 23 SO. SIXTH ST.				
CITY/TOWN: NEW BEDFORD	STATE: MA	ZIP CODE:	02740	
MANAGER: ROCK, RAYMOND To J. SR.	ΓΥΡΕ OF LICENSE: C	lub C	CATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR	EMAIL ADDRESS		1
DESCRIPTION OF LICENSED PRE	MISES:			
THE ENTIRE TWO STORY BLDG				
 the renewed license will be the licensee has complied v the premises are now open 	vith all laws of the Con	nmonwealth relating		
SIGNED BY Individual, Part	ner or Authorized Corp	porate Officer		
DATE: TELEPH	ONE NUMBER:		R IDENTIFICAT	
We the undersigned, attest that we Acts of 2004, signed by the building named license and (2) the certificate of 2010.	inspector and the hea	ad of the fire depar	tment for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICEN By:	SING AUTHO	ORITY
DATE:		_		



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LICENSE NUME	3ER: 077800145		CITY OR TOWN	NEW BEDFORD	
APPLICATION I	FOR RENEWAL:	Annual	LICEN	ISED FOR 2013	
		CLASS		YEAR	
LICENSEE NAM	IE: EML, INC.				
DOING BUSINE	SS A LEBEAU'S	ΓAVERN			
ADDRESS 0065-	9 TARKILN HILL	. RD			
CITY/TOWN: N	NEW BEDFORD	STATE: MA	ZIP CODE:	02745	
	ULLIVAN, ONRAD C.	TYPE OF LICENSE:	Restaurant C	ATEGORY: All Alco	ohol
EMAIL ADDRES	SS:				
	PLEASE ALSO VISIT (OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION O	OF LICENSED PR	EMISES:			
TWO ROOMS A STOCK IN CELL		THE FIRST FLOOR (OF A THREE STORY	' BLDG WITH	
I hereby certify ar	nd swear under pen	alties of perjury that:			
1. the ren	newed license will b	be of the same type for the	he same premises now	licensed;	
2. the lice	ensee has complied	with all laws of the Cor	nmonwealth relating	to taxes; and	
3. the pre	emises are now ope	n for business (If not ex	plain below)		
SIGNED BY					
	Individual, Pa	artner or Authorized Cor	porate Officer		
DATE:	TELEP	HONE NUMBER:	EMPLOYE	R IDENTIFICATION NUMB	BER:
			(Note: NOT In	dividual Social Security Num	nber)
Acts of 2004, sig	ned by the buildin	e are in possession (1) to ng inspector and the he nte of liquor liability in	ad of the fire depart	ment for the above	
Please Check Below:			LOCAL LICENS	SING AUTHORITY	
APPROVED:			By:		
DISAPPROVED:					
(If disapproved ex	kplain)		_		_
			-		_
DATE:					-
DATE.					



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LICENSE NUM	IBER: 077800146		CITY OR TOWN	NEW BEDFORD
APPLICATION	FOR RENEWAL:	Annual	LICEN	ISED FOR 2013
		CLASS		YEAR
LICENSEE NA	ME: GREAT WH	ALE HOSPITALITY C	ORP.	
DOING BUSIN	ESS A FAIRFIELI	O INN & SUITES		
ADDRESS 185	MacARTHUR DR	IVE		
CITY/TOWN:	NEW BEDFORD	STATE: M	A ZIP CODE:	02745
	LaFRANCE, RICHARD L.	TYPE OF LICENSE:	Innholder C	ATEGORY: All Alcohol
EMAIL ADDRE	ESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOU	R EMAIL ADDRESS	
	OF LICENSED P			
		., KITCHEN, ONE BAR NGLE STORY BLDG	R, TWO RESTROOMS	S. STORAGE IN
I hereby certify a	and swear under per	nalties of perjury that:		
1. the re	enewed license will	be of the same type for t	the same premises now	licensed;
2. the li	censee has complie	d with all laws of the Co	mmonwealth relating t	to taxes; and
3. the pr	remises are now op	en for business (If not ex	xplain below)	
SIGNED BY				
	Individual, P	artner or Authorized Co	rporate Officer	
DATE:	TELEI	PHONE NUMBER:		R IDENTIFICATION NUMBER:
			(Note: NOT Inc	dividual Social Security Number)
Acts of 2004, si	igned by the buildi	ing inspector and the h	ead of the fire depart	red by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Below	<u>v:</u>		LOCAL LICENS	SING AUTHORITY
APPROVED: [By:	
DISAPPROVEI (If disapproved of				
(11 disappioved (capiaiii)			
DATE:				



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LICENSE NUMBER	:: 077800147		CITY OR TOWN	NEW BED	FORD
APPLICATION FOR	R RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 81 TINK	A	SENHOR DA PEDRA,	INC.		
CITY/TOWN: NEW		STATE: MA	ZIP CODE:	02746	
		TYPE OF LICENSE: CI			All Alcohol
M.					_
EMAIL ADDRESS:					
		OUR WEBSITE AND ENTER YOUR I	EMAIL ADDRESS		
DESCRIPTION OF I TWO ROOMS AND ON FIRST FLOOR		THE FIRST FLOOR O	F A ONE STORY B	LDG WITH S	STOCK
I hereby certify and s	wear under pena	alties of perjury that:			
1. the renewe	ed license will b	e of the same type for the	e same premises now	v licensed;	
2. the license	ee has complied	with all laws of the Com	monwealth relating t	to taxes; and	
3. the premis	ses are now oper	n for business (If not exp	lain below)		
SIGNED BY	Individual, Pa	rtner or Authorized Corp	orate Officer		
DATE:	TELEPI	HONE NUMBER:			TION NUMBER: Security Number)
Acts of 2004, signed	by the buildin	e are in possession (1) the graph inspector and the heat te of liquor liability instead	nd of the fire depart	ment for the	above
Please Check Below: APPROVED:			LOCAL LICENS	SING AUTH	ORITY
DISAPPROVED: [in)		By:		
DATE:					



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800148		(CITY OR TO	WN N	IEM RED	FORD
NEWAL:	Annu	al	LIC	CENSE	D FOR 20	013
	CLAS	SS				YEAR
.A. INC.						
HE NATIONA	L					
DFORD	STATE:	MA	ZIP CODE	∃:	02740	
., TY O N.	PE OF LICEN	SE:Resta	urant	CAT	EGORY:	All Alcohol
E ALSO VISIT OUR	WEBSITE AND ENTER	YOUR EMA	L ADDRESS			-
ITCHEN ANI	O STOCKROO!	M ON TH	HE FIRST FL	OOR C	OF A TWC	STORY
under penaltie	es of perjury tha	t:				
ense will be o	f the same type	for the sa	me premises	now lic	ensed;	
s complied wit	th all laws of the	Commo	nwealth relat	ing to ta	axes; and	
e now open fo	r business (If no	ot explair	below)			
ividual, Partne	er or Authorized	l Corpora	te Officer			
TELEPHO	NE NUMBER:					
			(Note: <u>110</u>	<u>I</u> IIIUIVI	iuai sociai s	ecurity Number)
he building i	nspector and th	ne head o	f the fire dep	partme	nt for the	above
			LOCAL LIC	ENSIN	G AUTHO	ORITY
			By:			
	NEWAL: A. INC. HE NATIONA DFORD A. TY N. ALSO VISIT OUR NSED PREM TCHEN ANI under penaltic ense will be of complied with e now open for ividual, Partner test that we are he building in	NEWAL: Annu CLASS. A. INC. HE NATIONAL TYPE OF LICENSON. ALSO VISIT OUR WEBSITE AND ENTER NSED PREMISES: TTCHEN AND STOCKROOM under penalties of perjury that ense will be of the same type is complied with all laws of the enow open for business (If no invidual, Partner or Authorized	NEWAL: Annual CLASS A.A. INC. HE NATIONAL TYPE OF LICENSE: Resta N. ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAINSED PREMISES: TTCHEN AND STOCKROOM ON THe under penalties of perjury that: ense will be of the same type for the same so complied with all laws of the Commo e now open for business (If not explain ividual, Partner or Authorized Corporatividual, Partner o	NEWAL: Annual CLASS A. INC. HE NATIONAL TYPE OF LICENSE: Restaurant N. ALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS NSED PREMISES: TICHEN AND STOCKROOM ON THE FIRST FL under penalties of perjury that: ense will be of the same type for the same premises of complied with all laws of the Commonwealth relate e now open for business (If not explain below) ividual, Partner or Authorized Corporate Officer TELEPHONE NUMBER: EMPL (Note: NO est that we are in possession (1) the certificate reche building inspector and the head of the fire dejector and the head of the fire	NEWAL: Annual LICENSE CLASS A. INC. HE NATIONAL C. DFORD STATE: MA ZIP CODE: O TYPE OF LICENSE: Restaurant CAT O N. CALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS NSED PREMISES: TTCHEN AND STOCKROOM ON THE FIRST FLOOR O under penalties of perjury that: ense will be of the same type for the same premises now lice is complied with all laws of the Commonwealth relating to the enow open for business (If not explain below) TELEPHONE NUMBER: EMPLOYER IE (Note: NOT Individe est that we are in possession (1) the certificate required the building inspector and the head of the fire departme the certificate of liquor liability insurance required by Che	NEWAL: Annual LICENSED FOR 20 CLASS A. INC. HE NATIONAL TYPE OF LICENSE: Restaurant CATEGORY: ON. CALSO VISIT OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS NSED PREMISES: CTCHEN AND STOCKROOM ON THE FIRST FLOOR OF A TWO under penalties of perjury that: ense will be of the same type for the same premises now licensed; a complied with all laws of the Commonwealth relating to taxes; and e now open for business (If not explain below) TELEPHONE NUMBER: EMPLOYER IDENTIFICAT (Note: NOT Individual Social Set that we are in possession (1) the certificate required by Chapte the building inspector and the head of the fire department for the e certificate of liquor liability insurance required by Chapter 116 LOCAL LICENSING AUTHORS



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LICENSE NUM	MBER: 077800149		CITY OR TOWN	NEW BEDFORD
APPLICATION	N FOR RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
LICENSEE NA	AME: CORK COUN	NTY, INC.		
DOING BUSIN	NESS A CATWALK	BAR AND GRILL		
ADDRESS 34	UNION ST.			
CITY/TOWN:	NEW BEDFORD	STATE: MA	ZIP CODE:	02740
MANAGER:	CARTER, CATHERINE	TYPE OF LICENSE: RO	estaurant C.	ATEGORY: All Alcohol
EMAIL ADDR	RESS:			
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS	
	N OF LICENSED PR			
LEVEL:KITCH	HEN, 2 RESTROOM	AINMENT,DJ BOOTH R IS, OFFICE COOLER AN CTION HALL WITH AI	ND STORAGE AREA	A. ADDITIONAL
I hereby certify	and swear under per	nalties of perjury that:		
1. the 1	renewed license will	be of the same type for th	e same premises now	licensed;
	•	d with all laws of the Com	_	o taxes; and
3. the ₁	premises are now ope	en for business (If not exp	lain below)	
SIGNED BY	Individual, Pa	artner or Authorized Corp	oorate Officer	
DATE:			EN CONTROL	
DATE.	TELEP	HONE NUMBER:		R IDENTIFICATION NUMBER: lividual Social Security Number)
Acts of 2004,	signed by the buildi	ng inspector and the hea	he certificate require	ed by Chapter 304 of the
Please Check Belo	ow:		LOCAL LICENS	SING AUTHORITY
APPROVED:			By:	
DISAPPROVE				
(If disapproved	explain)			
DATE:				



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LICENSE NUI	MBER: 077800150		CITY OR TOWN	NEW BED	FORD
APPLICATIO	N FOR RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NA DOING BUSIN	AME: FATHOMS BAR A	ND GRILL,INC.			
ADDRESS 255	5 POPE'S ISLAND				
CITY/TOWN:	NEW BEDFORD	STATE: MA	ZIP CODE:	02740	
MANAGER:	VINJERUD, VIRGINTYPI IA	E OF LICENSE: Res	staurant C	ATEGORY:	All Alcohol
EMAIL ADDR	RESS:				
	PLEASE ALSO VISIT OUR WEI	BSITE AND ENTER YOUR EN	MAIL ADDRESS		_
AREA, ALONO SEAT 26, BOO TOTAL OF 56 AREA THAT I OUTDOOR PA	AREA APPRX. 2,750 SQ.FTG WITH TWO RESTROOD OTH SEATS THAT SEAT 2 SEATS. THE DINING AR INCLUDES A STORAGE I ATIO ON WEST SIDE; SITUMBERED 255 POPES ISI	MS. THE BAR ARE 20, AND HIGH TO EEA CONSITS OF TR ROOM AS WELL A TUATED ON THE I	EA CONSISTS OF P TABLES THAT S FABLES THAT SE AS A WALK IN CO	BAR SEATS SETA 10, FC AT 22; A KI OOLER; RAI	THAT OR A TCHEN SED
	and swear under penalties				
•	renewed license will be of the		same premises now	licensed;	
	licensee has complied with a	* *	•		
3. the	premises are now open for b	ousiness (If not expla	ain below)		
SIGNED BY					
	Individual, Partner of	or Authorized Corpo	orate Officer		
DATE:	TELEDIANE		EMPI OVE	D IDENTIFICAT	TION NUMBER:
<i>D1112</i> .	TELEPHONE	E NUMBER:			Security Number)
Acts of 2004,	rsigned, attest that we are is signed by the building inspectand (2) the certificate of l	pector and the head	l of the fire depart	ment for the	above
Please Check Belo	ow:		LOCAL LICENS	SING AUTH	ORITY
APPROVED:			By:		
DISAPPROVE					
(If disapproved	l explain)				<u> </u>
					
DATE:			-		



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LICENSE NUMBER: 077800151	CITY OR TOWN NEW BEDFORD
APPLICATION FOR RENEWAL: Annua	LICENSED FOR 2013
CLAS	S YEAR
LICENSEE NAME: ROCKS AND ROLLS, LLC	
DOING BUSINESS A BLACK WATCH PUB	
ADDRESS 266-26 DARTMOUTH STREET	
CITY/TOWN: NEW BEDFORD STATE:	MA ZIP CODE: 02740
MANAGER: LAUBI, ANDREW TYPE OF LICENS D.	SE:Restaurant CATEGORY: All Alcohol
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AND ENTER	YOUR EMAIL ADDRESS
DESCRIPTION OF LICENSED PREMISES:	
FIRST FLOOR 2 ROOMS BAR AND KITCHEN, AND TOTAL WITH STOCK IN CELLAR, 2 STORY BUILD DARTMOUTH STREET BETWEEN FRUIT AND RIV	DING ON THE EAST S IDE OF
I hereby certify and swear under penalties of perjury that	:
1. the renewed license will be of the same type t	-
2. the licensee has complied with all laws of the	-
3. the premises are now open for business (If no	t explain below)
SIGNED BY Individual, Partner or Authorized	Corporate Officer
DATE	
DATE: TELEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: <u>NOT</u> Individual Social Security Number)
	(Note: 1901) Individual Social Security (Number)
We the undersigned, attest that we are in possession Acts of 2004, signed by the building inspector and th	
named license and (2) the certificate of liquor liabilit of 2010.	
named license and (2) the certificate of liquor liabilit of 2010. Please Check Below:	
named license and (2) the certificate of liquor liabilit of 2010. Please Check Below: APPROVED:	y insurance required by Chapter 116 of the Acts
named license and (2) the certificate of liquor liabilit of 2010. Please Check Below: APPROVED: DISAPPROVED:	y insurance required by Chapter 116 of the Acts LOCAL LICENSING AUTHORITY
named license and (2) the certificate of liquor liabilit of 2010. Please Check Below: APPROVED:	y insurance required by Chapter 116 of the Acts LOCAL LICENSING AUTHORITY
named license and (2) the certificate of liquor liabilit of 2010. Please Check Below: APPROVED: DISAPPROVED:	y insurance required by Chapter 116 of the Acts LOCAL LICENSING AUTHORITY



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 077800153		CITY OR TOWN	NEW BEDFORD
APPLICATION FOR	R RENEWAL:	Annual	LICEN	SED FOR 2013
		CLASS		YEAR
	AMM ENTERPRIS A COBBLESTONE			
ADDRESS 7 SOUT	H SIXTH ST			
CITY/TOWN: NEV	W BEDFORD	STATE: MA	ZIP CODE:	02740
MANAGER: MAI	RTINS, MARY TYP	E OF LICENSE: R	estaurant CA	ATEGORY: All Alcohol
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR WE	EBSITE AND ENTER YOUR	EMAIL ADDRESS	
ONE ROOM, KITC	LICENSED PREMIS HEN AND THREE I K ON FIRST FLOO!	RESTROOMS ON	FIRST FLOOR OF A IENT	THREE STORY
I hereby certify and s	swear under penalties	of perjury that:		
			e same premises now	
	•		nmonwealth relating to	o taxes; and
3. the premi	ses are now open for	business (If not exp	olain below)	
SIGNED BY	Individual, Partner	or Authorized Cor	porate Officer	
DATE:	TELEPHON	E NUMBER:		DENTIFICATION NUMBER:
Acts of 2004, signe	d by the building ins	pector and the he	ad of the fire departi	ed by Chapter 304 of the ment for the above Chapter 116 of the Acts
Please Check Below:			LOCAL LICENS	ING AUTHORITY
APPROVED:			By:	
DISAPPROVED:	-:-)			
(If disapproved explain	ain)			
DATE:				



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUM	BER: 07/800154		CITY OR TOV	WIN INEW BEL	TOKD
APPLICATION	FOR RENEWAL:	Annual	LIC	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAM	ME: RAMON D SILVA	ENTERPRISESL	LC		
DOING BUSINI	ESS A UNION CITY				
ADDRESS 248-	250 Union St				
CITY/TOWN:	NEW BEDFORD	STATE: MA	ZIP CODE	2: 02740	
MANAGER: S	SILVA, RAMON D. TYI	PE OF LICENSE: R	lestaurant	CATEGORY:	All Alcohol
EMAIL ADDRE	ESS:				
	PLEASE ALSO VISIT OUR WI	EBSITE AND ENTER YOUR	EMAIL ADDRESS		
	OF LICENSED PREMIS				
AT PREMISES	WITH KITCHEN ON FII SITUATED ON THE SC Γ. 248 - 250 UNION ST.				
I hereby certify a	and swear under penalties	of perjury that:			
1. the re	newed license will be of	the same type for the	ne same premises i	now licensed;	
	censee has complied with			ng to taxes; and	
3. the pr	remises are now open for	business (If not ex	plain below)		
SIGNED BY	Individual, Partner	or Authorized Cor	porate Officer		
DATE:	TELEPHON	E NUMBER:	EMPLC	YER IDENTIFICAT	ΓΙΟΝ NUMBER:
	TEEET TIOT	Z I (CIVIDZI).	(Note: NOT		Security Number)
Acts of 2004, si	gned, attest that we are gned by the building ins and (2) the certificate of	spector and the he	ad of the fire dep	artment for the	above
Please Check Below	<u>.</u>		LOCAL LIC	ENSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED					
(If disapproved e	expiaiii)				
DATE:					



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 077800155		CITY OR TOW	N NEW BED	FORD
APPLICATION FO	R RENEWAL:	Annual	LICE	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	MIKEY B'S,INC.				
DOING BUSINESS	A MIKEY B'S				
ADDRESS 989 VIC	CTORIA ST.				
CITY/TOWN: NE	W BEDFORD	STATE: MA	ZIP CODE:	02745	
	BOLA, E. TYPI CHAEL	E OF LICENSE:	Restaurant	CATEGORY:	All Alcohol
EMAIL ADDRESS:	:				
	PLEASE ALSO VISIT OUR WEI	BSITE AND ENTER YOU	R EMAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREMIS	ES:			
TWO ROOMS ANI WITH STOCK IN C	O KITCHEN AND PA CELLAR	TIO ON THE FI	RST FLOOR OF A	ONE STORY E	BLDG
2. the licens	wed license will be of the see has complied with a sises are now open for be a sises. Individual, Partner of	all laws of the Co pusiness (If not ex	mmonwealth relating		
	marviduai, i artiici v	or riumorized co	iporate Officer		
DATE:	TELEPHONE	E NUMBER:		ER IDENTIFICAT	
Acts of 2004, signe	ed, attest that we are is ed by the building insp (2) the certificate of l	pector and the h	ead of the fire depa	rtment for the	above
Please Check Below:			LOCAL LICE	NSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved expl	aın)				
DATE:					



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LICENSE NUMBER	:077800156		CITY OR	RTOWN	NEW BED	FORD
APPLICATION FOR	RENEWAL:	Annual		LICENS	SED FOR 20)13
		CLASS				YEAR
LICENSEE NAME:	FREESTONE R	ESTAURANT GR	OUP INC.			
DOING BUSINESS	A FREESTONE	CITY GRILL				
ADDRESS 41 WILL	IAM ST.					
CITY/TOWN: NEW	V BEDFORD	STATE: N	MA ZIP C	CODE:	02740	
MANAGER: KAN RUSS	· · · · · · · · · · · · · · · · · · ·	YPE OF LICENSE	:Restaurant	CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
Ī	PLEASE ALSO VISIT OUR	R WEBSITE AND ENTER YO	OUR EMAIL ADDRESS	5		-
DESCRIPTION OF I						
ONE ROOM ON TH CELLAR	E FIRST FLOOR	OF A TWO STOR	RY BLDG WIT	'H KITCH	IEN AND ST	TOCK IN
I hereby certify and s	wear under penalt	ies of perjury that:				
1. the renewe	ed license will be	of the same type for	r the same pren	nises now	licensed;	
2. the license	ee has complied w	rith all laws of the C	Commonwealth	relating to	taxes; and	
3. the premis	ses are now open f	for business (If not	explain below)			
SIGNED BY						
	Individual, Parti	ner or Authorized C	Corporate Office	er		
DATE:	TELEPHO	ONE NUMBER:				ION NUMBER:
			(INOIC	e: <u>NOT</u> Ind	ividual Social S	ecurity Number)
We the undersigned Acts of 2004, signed named license and (of 2010.	by the building	inspector and the	head of the fir	e departr	nent for the	above
Please Check Below:			LOCAL	LICENS	ING AUTHO	ORITY
APPROVED:			By:			
DISAPPROVED:	:>					
(If disapproved expla	111)					
DATE:						



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ON PREMISES LICENSE RENEWAL APPLICATION

LICENSE NUMBER	:077800157		CHY	OK TOWN	NEW DED	FUKD
APPLICATION FOR	RENEWAL:	Annual		LICEN	SED FOR 20	013
		CLASS				YEAR
LICENSEE NAME:	ROMA GROUP, IN	IC.				
DOING BUSINESS A	A CAFE ROMA					
ADDRESS 3371 ACT	JSHNET AVENUE					
CITY/TOWN: NEW	BEDFORD	STATE: MA	ZI	P CODE:	02745	
MANAGER: BEAT	TTY, SEAN TYP	E OF LICENSE: Res	taurant	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
	PLEASE ALSO VISIT OUR WE		IAIL ADDI	RESS		
DESCRIPTION OF L						
ONE ROOM WITH ROOM ON THE FIR		OCK IN THE THE I	BASEN	AENT. ONE	E ROOM AN	D ANTE
I hereby certify and sv	wear under penalties	of perjury that:				
1. the renewe	ed license will be of the	he same type for the	same p	remises now	licensed;	
	e has complied with			Ŭ	o taxes; and	
3. the premis	es are now open for b	ousiness (If not expla	iin belo	ow)		
SIGNED BY						
SIGNED B I	Individual, Partner	or Authorized Corpo	rate Of	ficer		
DATE:	TELEPHONE	E NUMBER:		EMPLOYER	R IDENTIFICAT	ΓΙΟΝ NUMBER:
			(]	Note: NOT Ind	lividual Social S	Security Number)
We the undersigned Acts of 2004, signed named license and (2010.	by the building insp	pector and the head	of the	fire departi	ment for the	above
Please Check Below:			LOC	CAL LICENS	SING AUTH	ORITY
APPROVED:			By:			
DISAPPROVED: (If disapproved explain						
(ii disappioved explai	ш,					
DATE:						



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LICENSE NUMBE	R: 077800158		CITY OR TOWN NEW B	EDFORD
APPLICATION FO	R RENEWAL:	Annual	LICENSED FOR	2 2013
		CLASS		YEAR
LICENSEE NAME:	NABIH MOUJA	BBER		
DOING BUSINESS	A LEBANESE K	ITCHEN		
ADDRESS 1487 PU	JRCHASE ST.			
CITY/TOWN: NE	W BEDFORD	STATE: MA	ZIP CODE: 02740	
MANAGER:	T	YPE OF LICENSE: Re	estaurant CATEGOR	Y: Wine and Malt Regular
EMAIL ADDRESS:				
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR F	EMAIL ADDRESS	
DESCRIPTION OF				
TWO ROOMS ANI IN CELLAR	O KITCHEN ON T	HE FIRST FLOOR O	F A FOUR STORY BLDG WI	TH STOCK
I hereby certify and	swear under penalti	ies of perjury that:		
1. the renew	ved license will be	of the same type for the	e same premises now licensed;	
2. the licens	see has complied wi	ith all laws of the Com	monwealth relating to taxes; ar	nd
3. the premi	ises are now open f	or business (If not exp	lain below)	
SIGNED BY				
	Individual, Partn	ner or Authorized Corp	oorate Officer	
DATE				
DATE:	TELEPHO	ONE NUMBER:	EMPLOYER IDENTIFIC (Note: <u>NOT</u> Individual Soci	
			(Note: NOT marvidual Soci	iai Security Number)
Acts of 2004, signe	d by the building	inspector and the hea	ne certificate required by Chand of the fire department for the urance required by Chapter 1	the above
Please Check Below:			LOCAL LICENSING AUT	ΓHORITY
APPROVED:			By:	
DISAPPROVED:	-:>			
(If disapproved expl	ain)			
			-	
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 077800159		CITY OR TOW	N NEW BED	FORD
APPLICATION FOR	RENEWAL:	Annual	LICE	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	LAXMI LIQUORS, I	NC			
DOING BUSINESS A	A FINEST LIQUORS				
ADDRESS 889 ASH	LEY BOULEVARD				
CITY/TOWN: NEW	BEDFORD	STATE: MA	ZIP CODE:	02745	
MANAGER: PATE KANA	L, TYPE AIYALAL B.	OF LICENSE: Pa	ackage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
F	LEASE ALSO VISIT OUR WEBS	ITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF I	ICENSED PREMISE	S:			
STORAGE RECEIVE AREA. THERE IS O	CONSISTING OF ON NG AREA TWO RES NE ENTERANCE TO E REAR OF BUILDIN	T ROOMS OFF ASHLEY BOUI	CE AND BOTTLE	E REDEMPTIO	ON
I hereby certify and sv	wear under penalties of	f perjury that:			
1. the renewe	d license will be of the	e same type for th	e same premises no	ow licensed;	
2. the license	e has complied with al	l laws of the Con	nmonwealth relating	g to taxes; and	
3. the premis	es are now open for bu	siness (If not exp	lain below)		
SIGNED BY	Individual, Partner or	· Authorized Corp	porate Officer		
DATE:	TELEPHONE	NUMBER:		ER IDENTIFICAT	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	n)		LOCAL LICE By:	NSING AUTH	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	J77800162		CITY OR TOW	N NEW DED	TUKD
APPLICATION FOR I	RENEWAL:	Annual	LICE	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: \ DOING BUSINESS A		& SPIRITS, INC.			
ADDRESS 03057D AC	CUSHNET AVENUI	Е			
CITY/TOWN: NEW	BEDFORD	STATE: MA	ZIP CODE:	02746	
MANAGER: LUCAS RAYM		OF LICENSE: Pa	ckage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLI	EASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF LI	CENSED PREMISE	S:			
PREMISES CONSIST RM. OFFICE, STOCK ENTR./EXIT FRONT PLAZA AT JUNCTIO	STORAGE IN REA OF BLDG. EMERG	R. 1ST FL.1 STO . EXIT RECEIVE	ORY APPROX 70 NG DOOR IN REA	00 SQ. FT. 1 A BKDG SITU	
I hereby certify and swe	ear under penalties of	f perjury that:			
1. the renewed	l license will be of the	e same type for th	e same premises no	ow licensed;	
2. the licensee	has complied with al	ll laws of the Com	monwealth relatin	g to taxes; and	
3. the premises	s are now open for bu	usiness (If not exp	lain below)		
SIGNED BY	Individual, Partner or	r Authorized Corp	oorate Officer		
DATE:	TELEPHONE	NUMBER:		YER IDENTIFICAT	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain]		LOCAL LICE By:	NSING AUTH	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 07	7800163		CITY OR TOWN	NEW BED	FORD
APPLICATION FOR RI	ENEWAL:	Annual	LICEN	NSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: PI	RUTHA, INC.				
DOING BUSINESS A					
ADDRESS 1847 ACUS	HNET AVE				
CITY/TOWN: NEW B	EDFORD	STATE: MA	ZIP CODE:	02746	
MANAGER: PATEL,	ARUINO S. TYPE	OF LICENSE:Pa	ckage Store C	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PLEA	SE ALSO VISIT OUR WEB	SITE AND ENTER YOUR E	MAIL ADDRESS		_
DESCRIPTION OF LIC	ENSED PREMISE	ES:			
ONE ROOM ON THE F	IRST FLOOR OF	A ONE STORY B	LDG WITH STOC	K IN CELLA	R
I hereby certify and swea	ır under penalties o	f perjury that:			
1. the renewed l	icense will be of th	e same type for the	e same premises nov	v licensed;	
2. the licensee h	as complied with a	ll laws of the Com	monwealth relating	to taxes; and	
3. the premises	are now open for b	usiness (If not expl	ain below)		
SIGNED BY					
In	ndividual, Partner o	r Authorized Corp	orate Officer		
DATE:	TELEPHONE	NUMBER:	EMPLOYE	R IDENTIFICAT	ION NUMBER:
			(Note: NOT In	dividual Social S	ecurity Number)
Please Check Below:			LOCAL LICEN		
APPROVED:			LOCAL LICEN	SING AUTHO	JRITY
DISAPPROVED:			By:		
(If disapproved explain)					
* /					
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	:07/800164		CITY OR TOW	NEW DEL	DrukD
APPLICATION FOR	RENEWAL:	Annual	LICE	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A					
ADDRESS 928 BELL	LEVILLE AVE				
CITY/TOWN: NEW	BEDFORD	STATE: MA	ZIP CODE:	02745	
MANAGER: PATE	EL,PARIMAL T	YPE OF LICENSE: Pa	ckage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
I	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOUR I	EMAIL ADDRESS		
DESCRIPTION OF I	LICENSED PREM	IISES:			
ONE STORY BULD BASEMENT	ING WITH COOI	LERS STORAGE IN I	REAR OF FIRST F	LOOR AND I	N
	es are now open fo	th all laws of the Comor business (If not experience or Authorized Corp.	lain below)	g to taxes; and	
DATE:	TELEPHO	NE NUMBER:		ER IDENTIFICAT	
Please Check Below: APPROVED: DISAPPROVED:			LOCAL LICEN By:	NSING AUTH	ORITY
(If disapproved expla	in)				
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	077800165		CITY OR TO	WN NEW DEL	DrukD
APPLICATION FOR	RENEWAL:	Annual	LIC	CENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A			RE & LIQUORS		
ADDRESS 3963 ACU	SHNET AVE				
CITY/TOWN: NEW	BEDFORD	STATE: MA	ZIP CODE	E: 02745	
MANAGER: VELO	ZO, DONALDTYPE	OF LICENSE:P	ackage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
Pl	LEASE ALSO VISIT OUR WEB	SITE AND ENTER YOUR	EMAIL ADDRESS		<u> </u>
DESCRIPTION OF L	ICENSED PREMISE	ES:			
ONE ROOM ON THE ON FIRST FLOOR	E FIRST FLOOR OF	A ONE STORY I	BLDG WITH ST	OCK IN CELLA	AR AND
	e has complied with a sare now open for be	usiness (If not exp	lain below)	ng to taxes; and	
DATE:	TELEPHONE	NUMBER:		OYER IDENTIFICATION $f T$ Individual Social $f T$	
Please Check Below: APPROVED:	٦		LOCAL LIC	ENSING AUTH	IORITY
DISAPPROVED: (If disapproved explai	⊔ n)				
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUN	MBEK: 07/800166		CITY OR TOW	N NEW BED	PLOKD
APPLICATION	N FOR RENEWAL:	Annual	LICE	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NA	ME: JOFRIA,INC				
DOING BUSIN	NESS A BROOKLA	WN LIQUORS PACKA	GE STORE		
ADDRESS 496	S ASHLEY BLVD				
CITY/TOWN:	NEW BEDFORD	STATE: MA	ZIP CODE:	02745	
MANAGER:	FRIAS, JORGE M	TYPE OF LICENSE:	ackage Store	CATEGORY:	All Alcohol
EMAIL ADDR	ESS:				
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION	N OF LICENSED PR	REMISES:			
ONE ROOM W STOCK IN STO		OLER ON THE FIRST	FLOOR OF A ONE	STORY BLD	G WITH
2. the l	icensee has complied	be of the same type for the d with all laws of the Coren for business (If not ex	nmonwealth relating		
	Individual, P	artner or Authorized Cor	porate Officer		
DATE:	TELEF	PHONE NUMBER:		ER IDENTIFICAT	
Please Check Belo APPROVED: DISAPPROVE			LOCAL LICE By:	NSING AUTH	ORITY
(If disapproved					
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 077800167		CITY OR TOWN	NEW BED	FORD
APPLICATION FOR RENEWAL:	Annual	LICEN	SED FOR 20)13
	CLASS			YEAR
LICENSEE NAME: NEW BEDFORD V	VINE & SPIRITS,ING	C.		
DOING BUSINESS A DOUGLAS WINE	E & SPIRITS			
ADDRESS 500 KING'S HIGHWAY				
CITY/TOWN: NEW BEDFORD	STATE: MA	ZIP CODE:	02745	
MANAGER: MARANO, TYP WILLIAMP.	E OF LICENSE: Pack	kage Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR EM.	AIL ADDRESS		_
DESCRIPTION OF LICENSED PREMIS				
15,180 SQ FT AREA WHICH INCLUDE REDEMPTION AREA, DELIVERY ROC BUILDING, ALL ON FIRST FLOOR				
I hereby certify and swear under penalties	of perjury that:			
1. the renewed license will be of t	he same type for the s	same premises now	licensed;	
2. the licensee has complied with	all laws of the Comm	onwealth relating to	taxes; and	
3. the premises are now open for l	business (If not explain	in below)		
SIGNED BY Individual, Partner	or Authorized Corpor	rate Officer		
D . 1997				
DATE: TELEPHONI	E NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		ION NUMBER:
		(Note: <u>NOT</u> mu	ividuai sociai s	ecurity Number)
Please Check Below:		LOCAL LICENS	ING AUTHO	ORITY
APPROVED:		By:		
DISAPPROVED:				
(If disapproved explain)				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 077800168		CITY OR TOWN N	NEW BEDFORD
APPLICATION FOR RENEWAL:	Annual	LICENSE	D FOR 2013
	CLASS		YEAR
LICENSEE NAME: J & S & S INC	2.		
DOING BUSINESS A R & B LIQU	ORS		
ADDRESS 189 BELLEVILLE AVE	•		
CITY/TOWN: NEW BEDFORD	STATE: MA	ZIP CODE:	02746
MANAGER: PAIVA STEVEN N.	TYPE OF LICENSE: Page	ckage Store CAT	EGORY: All Alcohol
EMAIL ADDRESS:			
DESCRIPTION OF LICENSED PRI ONE ROOM ON THE FIRST FLOC I hereby certify and swear under pena 1. the renewed license will b 2. the licensee has complied 3. the premises are now open	OR OF A FOUR STORY alties of perjury that: see of the same type for the with all laws of the Communication.	same premises now lic	eensed;
SIGNED BY Individual, Pa	rtner or Authorized Corpo	orate Officer	
DATE: TELEPI	HONE NUMBER:		DENTIFICATION NUMBER:
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSIN By:	G AUTHORITY
DATE:			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	077800169		CITY OR TOWN	NEW BED	FORD	
APPLICATION FOR RENEWAL: Annual LICENSED I					FOR 2013	
		CLASS			YEAR	
LICENSEE NAME:						
DOING BUSINESS A	WASHINGTO	N SQUARE PACKAC	JE STORE			
ADDRESS 281 COUN	NTY ST					
CITY/TOWN: NEW	BEDFORD	STATE: MA	ZIP CODE:	02740		
MANAGER: LOBO	, JOSE A. T	YPE OF LICENSE: Pa	ackage Store C	CATEGORY:	All Alcohol	
EMAIL ADDRESS:						
PI	EASE ALSO VISIT OUR	R WEBSITE AND ENTER YOUR	EMAIL ADDRESS			
DESCRIPTION OF L	CENSED PREM	MISES:				
TWO ROOMS ON TH	IE FIRST FLOC	OR OF A 2 1/2 STORY	BLDG WITH STO	OCK IN CELL	AR	
I hereby certify and sw	ear under penalt	ies of perjury that:				
1. the renewed	l license will be	of the same type for th	e same premises nov	w licensed;		
2. the licensee	has complied w	ith all laws of the Com	nmonwealth relating	to taxes; and		
3. the premise	s are now open f	For business (If not exp	lain below)			
SIGNED BY						
	Individual, Partı	ner or Authorized Corp	orate Officer			
DATE:	TELEPHO	ONE NUMBER:	EMPLOYE	ER IDENTIFICAT	TION NUMBER:	
	T E E E T T C	A TOMBER	(Note: NOT In	ndividual Social S	Security Number)	
Please Check Below:			LOCAL LICEN	SING AUTHO	ORITY	
APPROVED:	٦		By:			
DISAPPROVED:						
(If disapproved explain	1)					
DATE:						
- -						



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	C: 07/800170		CITY OR TOWN	NEW DED	FURD
APPLICATION FOR	R RENEWAL:	Annual	LICE	NSED FOR 20)13
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS	A MARK'S BE				
ADDRESS 642 COU	JNTY ST				
CITY/TOWN: NEV	V BEDFORD	STATE: MA	ZIP CODE:	02740	
MANAGER: PATIMAN	EL, IUBHAI	TYPE OF LICENSE:	Package Store C	CATEGORY:	All Alcohol
EMAIL ADDRESS:		-			
•	PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR	R EMAIL ADDRESS		
DESCRIPTION OF					
ONE ROOM WITH BLDG WITH STOC		OLER AND OFFICE OF	N THE FIRST FLOO	OR OF A 2 1/2	STORY
2. the license	ee has complied ses are now oper	with all laws of the Conn for business (If not ex	mmonwealth relating plain below)		
	maividuai, Pa	rtner or Authorized Cor	porate Officer		
DATE:	TELEPI	HONE NUMBER:		ER IDENTIFICAT	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	nin)		LOCAL LICEN By:	ISING AUTHO	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0778	300171	CITY OR TOWN	NEW BEDFORD			
APPLICATION FOR REN	EWAL: Ann	Annual LICENSED FOR 2013				
	CLA	ASS	YEAR			
LICENSEE NAME: MAT	TTHEW DO					
DOING BUSINESS A CC	UNTY STREET LIQUOR	STORE				
ADDRESS 111-13 COUN	ΓY ST					
CITY/TOWN: NEW BEI	OFORD STATE:	MA ZIP CODE:	02744			
MANAGER:	TYPE OF LICE	NSE:Package Store C.	ATEGORY: All Alcohol			
EMAIL ADDRESS:						
PLEASE	ALSO VISIT OUR WEBSITE AND ENTI	ER YOUR EMAIL ADDRESS				
DESCRIPTION OF LICEN	ISED PREMISES:					
THREE ROOMS ON THE FLOOR	FIRST FLOOR OF A THI	REE STORY BLDG WITH	STOCK ON FIRST			
I hereby certify and swear u	under penalties of perjury th	nat:				
1. the renewed lice	ense will be of the same typ	e for the same premises now	licensed;			
2. the licensee has	complied with all laws of the	he Commonwealth relating t	o taxes; and			
3. the premises are	now open for business (If	not explain below)				
SIGNED BY						
Indi	vidual, Partner or Authorize	ed Corporate Officer				
DATE:	TELEPHONE NUMBER	: EMPLOYER	R IDENTIFICATION NUMBER:			
		(Note: NOT Inc	lividual Social Security Number)			
Please Check Below:		LOCAL LICENS	SING AUTHORITY			
APPROVED:		By:				
DISAPPROVED:						
(If disapproved explain)						
DATE:						



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	077800172		CITY OR TOW	N NEW BED	FORD	
APPLICATION FOR RENEWAL: Annual LICENSED FOR 201						
		CLASS			YEAR	
LICENSEE NAME: DOING BUSINESS A ADDRESS 1295 COV CITY/TOWN: NEW MANAGER: RILEY EMAIL ADDRESS:	FREITAS PA E RD BEDFORD	CKAGE STORE STATE: MA		02744 CATEGORY:	All Alcohol	
PI	EASE ALSO VISIT OU	UR WEBSITE AND ENTER YOUR	EMAIL ADDRESS			
DESCRIPTION OF LI ONE ROOM, ONE CO FRONT ENTRANCE/ ON THE FIRST FLOO APPROXIMATELY 5 WITHIN AN AREA A	OOLER ROOM EXIT AND A I OR OF A TWO ,281 FT. WITH	I, STOCK ROOM ANI DELIVERY ENTRAN -STORY BUILDING (I TWO STOCK ROOM	CE IN THE REAR CONTAINED WIT	R OF THE BUIL THIN AN AREA	LDING, A	
2. the licensee	l license will be has complied v	ties of perjury that: c of the same type for the with all laws of the Corfor business (If not expenses)	nmonwealth relatin			
SIGNED BY	Individual, Par	tner or Authorized Cor	porate Officer			
DATE:	TELEPH	ONE NUMBER:		YER IDENTIFICAT		
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain] n)		LOCAL LICE By:	ENSING AUTH	ORITY	
DATE:						



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:)77800173		CIT	Y OR TOWN	NEW BED	FORD
APPLICATION FOR RENEWAL: Annual				LICENS	SED FOR 20	013
		CLAS	SS			YEAR
LICENSEE NAME: NOING BUSINESS A			C.			
ADDRESS 104 COVE	ST					
CITY/TOWN: NEW I	BEDFORD	STATE:	MA	ZIP CODE:	02744	
MANAGER: DEMIR ALFRE		TYPE OF LICENS	SE:Package	Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:						
PLI	EASE ALSO VISIT O	UR WEBSITE AND ENTER	YOUR EMAIL A	DDRESS		1
DESCRIPTION OF LI	CENSED PRE	EMISES:				
TWO ROOMS ON TH	E FIRST FLO	OOR OF A THREE	STORY BI	LDG WITH ST	OCK IN CE	LLAR
I hereby certify and swe	ear under pena	alties of perjury that	t:			
1. the renewed	license will be	e of the same type	for the same	e premises now	licensed;	
2. the licensee	has complied	with all laws of the	Commonw	ealth relating to	taxes; and	
	_	n for business (If no		_	,	
		,	1	,		
SIGNED BY	Individual, Par	rtner or Authorized	. Corporate	Officer		
D + 1777						
DATE:	TELEPH	HONE NUMBER:				ION NUMBER:
				(Note: NOT Ind	ividual Social S	ecurity Number)
Dlagga Chook Palovy			T. (ND VIII V
Please Check Below: APPROVED:				OCAL LICENS	ING AUTHO	ORITY
DISAPPROVED:]		Ву	/ :		
(If disapproved explain) 1		_			
(mosppio res emplani	,					
DATE:						_



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMB	SER: 077800174		CITY OR TOWN	NEW BED	FORD			
APPLICATION F	FOR RENEWAL:	Annual	Annual LICENSED FOR 2013					
		CLASS			YEAR			
LICENSEE NAM	E: PEOPLES SUPER	R LIQUOR STORES	S, INC.					
DOING BUSINES	SS A DOUGLAS WIN	NE & SPIRITS						
ADDRESS 446 D	ARTMOUTH ST							
CITY/TOWN: N	IEW BEDFORD	STATE: MA	ZIP CODE:	02740				
	TNG, TY HRISTOPHER M.	PE OF LICENSE:P	ackage Store Ca	ATEGORY:	All Alcohol			
EMAIL ADDRES	SS:							
	PLEASE ALSO VISIT OUR V	VEBSITE AND ENTER YOUR	EMAIL ADDRESS					
DESCRIPTION C	OF LICENSED PREMI	ISES:						
	TH WALK IN COOLE STOCK STORAGE IN							
I hereby certify an	nd swear under penaltie	s of perjury that:						
1. the ren	ewed license will be of	f the same type for the	ne same premises now	licensed;				
2. the lice	ensee has complied with	h all laws of the Con	nmonwealth relating to	o taxes; and				
3. the pre	emises are now open for	r business (If not exp	olain below)					
SIGNED BY	L. P. M. I. Davis	and A. dani al-Gara	020					
	individual, Partne	r or Authorized Cor	porate Officer					
DATE:			EMPLOYEE		YON NUMBER.			
DATE.	TELEPHON	NE NUMBER:	(Note: NOT Ind		ION NUMBER: ecurity Number)			
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY			
APPROVED:			By:					
DISAPPROVED: (If disapproved ex								
(ii disappioved ex	pium)							
					_			
DATE:								



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: U	7/7800175		(TIY OR IC	JWN	NEW DED	FURD
APPLICATION FOR R	RENEWAL:	Ann	ual	L	ICEN	SED FOR 20	013
		CLA	SS				YEAR
LICENSEE NAME: N	NEW BEDFO	RD LIQUOR CO	., INC.				
DOING BUSINESS A	SILVA'S DIS	COUNT LIQUO	RS				
ADDRESS 452 MT. PI	LEASANT ST	1					
CITY/TOWN: NEW I	BEDFORD	STATE:	MA	ZIP COD	DE:	02746	
MANAGER: LE, HO	AN MINH	TYPE OF LICEN	NSE:Pack	age Store	C	ATEGORY:	All Alcohol
EMAIL ADDRESS:]
PLF	EASE ALSO VISIT O	UR WEBSITE AND ENTE	R YOUR EMA	IL ADDRESS			_
DESCRIPTION OF LIG	CENSED PRE	EMISES:					
ONE ROOM WITH W AND DELIVERY IN R EXIT IN REAR. ON T	EAR, ONE E	NTRANCE AND	EXIT A	Γ THE FRO	NT O	F BLDG AN	D AN
I hereby certify and swe	ear under pena	lties of perjury th	at:				
1. the renewed	license will be	e of the same type	e for the sa	ame premise	s now	licensed;	
2. the licensee	has complied	with all laws of th	ne Commo	nwealth rela	ating to	o taxes; and	
3. the premises	are now open	for business (If a	not explain	n below)			
SIGNED BY							
I	ndividual, Par	tner or Authorize	d Corpora	ite Officer			
DATE:				T1 60			
DATE:	TELEPH	IONE NUMBER	:				TION NUMBER: Security Number)
				(c : s : s : <u>s :</u>	<u> </u>	ir viddar Boeiar B	recurry rumoer)
Please Check Below:				LOCALII	CENC	UNIC ALITH	ODUTY
APPROVED:				By:	CENS	SING AUTH	OKII I
DISAPPROVED:				Dy.			
(If disapproved explain))						
DATE:							



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 0778001	76	CITY OR TOWN	NEW BED	FORD
APPLICATION FOR RENEW	AL: Annual	LICEN	SED FOR 20	013
	CLASS			YEAR
LICENSEE NAME: SWAMI	NI LLC			
DOING BUSINESS A ZULLY	'S WINE & SPIRITS			
ADDRESS 1240 KEMPTON S	ST			
CITY/TOWN: NEW BEDFO	RD STATE: M.	A ZIP CODE:	02740	
MANAGER: PATEL, DHAV	VEL TYPE OF LICENSE:	Package Store C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
2. the licensee has com	FLOOR OF A ONE STORY	the same premises now	licensed;	FLOOR
SIGNED BY Individu	al, Partner or Authorized Co	rporate Officer		
DATE: TE	ELEPHONE NUMBER:			TION NUMBER: decurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	SING AUTHO	ORITY
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	R: 077800177		CITY OR TOWN	NEW BED	FORD
APPLICATION FOR	R RENEWAL:	Annual LICENSED FOR 2013)13
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 573 MIL		INE & SPIRITS, IN	NC.		
CITY/TOWN: NEV	W BEDFORD	STATE: MA	ZIP CODE:	02740	
MANAGER: BAR	RY G. LEVINE TYP	E OF LICENSE:Pa	ackage Store CA	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WE		EMAIL ADDRESS		
	LICENSED PREMIS				
ONE ROOM ON THE FLOOR	HE FIRST FLOOR OI	F A ONE STORY E	BLDG WITH STOCK	X IN REAR C	OF FIRST
2. the licens	red license will be of the ee has complied with sess are now open for the line of the line	all laws of the Combusiness (If not exp	nmonwealth relating to		
DATE:	TELEPHONI	E NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		TION NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	ain)		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	07/8001/8		CITY OR TOW	N NEW DEL	DrukD
APPLICATION FOR	RENEWAL:	Annual	LICI	ENSED FOR 2	013
		CLASS			YEAR
LICENSEE NAME:	NELIA CARDOSO				
DOING BUSINESS A	CHUCK'S LIQUOF	RS			
ADDRESS 60 NAUS	ET ST				
CITY/TOWN: NEW	BEDFORD	STATE: MA	ZIP CODE:	02746	
MANAGER: CARD	OSA, NELIA TYPE	OF LICENSE: Pa	ackage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
Pl	LEASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR	EMAIL ADDRESS		
DESCRIPTION OF L	ICENSED PREMISE	S:			
TWO ROOMS ON TI FLOOR	HE FIRST FLOOR O	F A ONE STORY	BLDG WITH ST	OCK ON FIRS	ST
2. the licensee	d license will be of the has complied with all as are now open for bu	l laws of the Com	monwealth relatin		
	Individual, Partner or	Authorized Corp	orate Officer		
DATE:	TELEPHONE	NUMBER:		ER IDENTIFICA Individual Social S	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	n)		LOCAL LICE By:	NSING AUTH	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	1//8001/9		CITY OR I	OWN NEW BE	DFUKD
APPLICATION FOR F	RENEWAL:	Annual	Ι	ICENSED FOR	2013
		CLASS			YEAR
LICENSEE NAME: J DOING BUSINESS A					
ADDRESS 37 ROCKD	OALE AVE				
CITY/TOWN: NEW I	BEDFORD	STATE: N	MA ZIP COI	DE: 02740	
MANAGER: PATEL	,SEJAL TY	PE OF LICENSE	:Package Store	CATEGORY	: All Alcohol
EMAIL ADDRESS:					
DESCRIPTION OF LICONE UNDIVIDED RCCENTER, TWO RESTONE ENTRANCE AN	CENSED PREM OOM APPROX 2 ROOMS, AN OF	000 SF WITH TV FFICE WITH STO	VO LARGE COO! OCK AT THE RE.		
2. the licensee 3. the premises SIGNED BY	has complied wit	• •			I
DATE:	TELEPHOI	NE NUMBER:		PLOYER IDENTIFIC <i>!</i> I OT Individual Social	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain]		LOCAL LI	ICENSING AUTI	HORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	07/800180		CITY OR TO	IWN NEW DI	EDFORD
APPLICATION FOR	RENEWAL:	Annual	L	ICENSED FOR	2013
		CLASS			YEAR
LICENSEE NAME:	JIN'S MINI-M	MART INC.			
DOING BUSINESS A	MULDOON	'S MINI MART			
ADDRESS 1411 PHIL	LIPS RD				
CITY/TOWN: NEW	BEDFORD	STATE: M	A ZIP COD	E: 02745	
MANAGER: LEE, J	IN HEE	TYPE OF LICENSE:	Package Store	CATEGORY	Y: Wine and Malt Regular
EMAIL ADDRESS:					
PL	EASE ALSO VISIT	OUR WEBSITE AND ENTER YOU	R EMAIL ADDRESS		<u></u>
DESCRIPTION OF LI	CENSED PR	EMISES:			
ONE ROOM ON THE	FIRST FLOO	OR OF A ONE STORY	BLDG WITH S	TOCK IN CELI	LAR
	-	with all laws of the Confor business (If not each		ting to taxes; an	d
	Individual, Pa	artner or Authorized Co	orporate Officer		
DATE:	TELEP	HONE NUMBER:			ATION NUMBER: al Security Number)
Please Check Below: APPROVED:	٦		LOCAL LIG	CENSING AUT	HORITY
DISAPPROVED:(If disapproved explain	ı)				
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	:07/800181		CITY OR TOV	WN NEW BED	PLOKD
APPLICATION FOR	RENEWAL:	Annual	LIC	CENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	BILTMORE PK	G SHOP,INC			
DOING BUSINESS	A				
ADDRESS 650 PLE	ASANT ST				
CITY/TOWN: NEW	BEDFORD	STATE: MA	ZIP CODE	2: 02740	
MANAGER: WOJO STAN	CIK, T NLEY J	TYPE OF LICENSE: P	ackage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
1	PLEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF I	LICENSED PREM	MISES:			
RETAIL SPACE AN SQ FT. ADDITIONA	D STORAGE SP LL STORAGE AI	TH TWO WALK IN O PACE, ALSO ONE RE ND OFFICE IN BASE RECEIVING AND E	ESTROOM, TOTA EMENT. 2 STORY	AL AREA APPR Y BLDG WITH	
I hereby certify and s	wear under penalt	ties of perjury that:			
1. the renewe	ed license will be	of the same type for the	ne same premises i	now licensed;	
2. the license	ee has complied w	vith all laws of the Cor	mmonwealth relati	ng to taxes; and	
3. the premis	es are now open	for business (If not ex	plain below)		
SIGNED BY	Individual, Part	ner or Authorized Cor	porate Officer		
DATE:	TELEPHO	ONE NUMBER:		OYER IDENTIFICAT	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved expla	in)		LOCAL LICI By:	ENSING AUTH	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	077800182		CITY OR TOW	N NEW DED	DrukD
APPLICATION FOR	RENEWAL:	Annual	LICE	ENSED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A	_				
ADDRESS 1926 PUR	CHASE ST				
CITY/TOWN: NEW	BEDFORD	STATE: MA	ZIP CODE:	02740	
MANAGER: CASE	LLA, JOSEPH TYPE	E OF LICENSE: Pa	ckage Store	CATEGORY:	All Alcohol
EMAIL ADDRESS:					
PI	EASE ALSO VISIT OUR WEB	SSITE AND ENTER YOUR I	EMAIL ADDRESS		
DESCRIPTION OF L	CENSED PREMISE	ES:			
ONE ROOM ON THE AND REAR ROOM	FIRST FLOOR OF	A THREE STOR	Y BLDG WITH S'	FOCK IN CEL	LAR
	has complied with a s are now open for b	ousiness (If not exp	lain below)	g to taxes; and	
					
DATE:	TELEPHONE	NUMBER:		ER IDENTIFICAT	
Please Check Below: APPROVED: DISAPPROVED:]		LOCAL LICE By:	NSING AUTH	ORITY
(If disapproved explain	1)				
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMB	BER: 077800183		CITY OR TOWN	NEW BED	FORD
APPLICATION F	FOR RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
	E: JOAO NATAL CO				
	SS A SHAWMUT PK	G. STORE			
ADDRESS 558 S	HAWMUT AVE				
CITY/TOWN: N	IEW BEDFORD	STATE: MA	ZIP CODE:	02740	
	ORDEIRO,JOAO TY AULO	PE OF LICENSE: P	ackage Store C.	ATEGORY:	All Alcohol
EMAIL ADDRES	SS:				
	PLEASE ALSO VISIT OUR W	VEBSITE AND ENTER YOUR	EMAIL ADDRESS		•
DESCRIPTION O	OF LICENSED PREMI	SES:			
TWO ROOMS A	ND STOCKROOM ON	N THE FIRST FLO	OR OF A FOUR STO	RY BLDG	
I hereby certify an	nd swear under penaltie	s of perjury that:			
1. the ren	ewed license will be of	the same type for the	ne same premises now	licensed;	
2. the lice	ensee has complied with	h all laws of the Cor	nmonwealth relating t	o taxes; and	
3. the pre	emises are now open for	r business (If not ex	plain below)		
SIGNED BY					
	Individual, Partne	r or Authorized Cor	porate Officer		
DATE:	TELEPHON	NE NUMBER:	EMPLOYER	R IDENTIFICAT	ION NUMBER:
	12211101	,21,01,1221	(Note: NOT Inc	lividual Social S	ecurity Number)
Please Check Below:			LOCAL LICENS	SING AUTHO	DRITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved ex	apiain)				
DATE:					
DAIE.					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 077800	184	CITY OR TOWN NEW BED	DFORD
APPLICATION FOR RENEW	Annual Annual	LICENSED FOR 2	013
	CLASS		YEAR
LICENSEE NAME: P & D N DOING BUSINESS A	MARKET, INC.		
ADDRESS 114 TALLMAN S	Γ		
CITY/TOWN: NEW BEDFO	RD STATE: MA	ZIP CODE: 02746	
MANAGER: REHMAN, SA	JJAD TYPE OF LICENSE:Pac	ckage Store CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:			
I hereby certify and swear under 1. the renewed license 2. the licensee has corr	OOM ON THE FIRST FLOOR	same premises now licensed; nonwealth relating to taxes; and	
SIGNED BY Individu	ual, Partner or Authorized Corpo	orate Officer	
DATE: T	ELEPHONE NUMBER:	EMPLOYER IDENTIFICA' (Note: NOT Individual Social S	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTH By:	ORITY
DATE:			



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	:: 077800185		CITY OR TOWN	NEW BEDFORD	
APPLICATION FOR	R RENEWAL:	Annual	LICEN	SED FOR 2013	
		CLASS		YEAR	
LICENSEE NAME: DOING BUSINESS					
ADDRESS 21 25 RC	DNEY FREN	CH			
CITY/TOWN: NEW	W BEDFORD	STATE: N	MA ZIP CODE:	02744	
MANAGER: VAN	, CAN THI	TYPE OF LICENSE	E:Package Store Ca	ATEGORY: All Alcoho	1
EMAIL ADDRESS:					
]	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YO	OUR EMAIL ADDRESS		
DESCRIPTION OF I	LICENSED PR	EMISES:			
FOUR ROOMS ON AND ON FIRST FLO		LOOR OF A ONE STO	ORY BLDG WITH STO	CK IN CELLAR	
	ses are now ope	en for business (If not		o taxes; and	
	Individual, Pa	artner or Authorized C	Corporate Officer		
DATE:	TELEP	HONE NUMBER:		IDENTIFICATION NUMBER	
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	in)		LOCAL LICENS By:	ING AUTHORITY	
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBE	R: 077800186		CITY OR TOWN	NEW BED	FORD
APPLICATION FO	R RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS ADDRESS 1567 AC	A	E & SOIRITS, INC	2.		
CITY/TOWN: NE		STATE: M	A ZIP CODE:	02746	
	COUTO, TY	YPE OF LICENSE:	Package Store C.	ATEGORY:	All Alcohol
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR	WEBSITE AND ENTER YOU	JR EMAIL ADDRESS		_
DESCRIPTION OF	LICENSED PREM	ISES:			
ENTRANCE AND	EXIT ON ACUSHN	NET AVE, ADDIT	EAR ROOM ON THE F CONAL EXIT IN REAF E SOUTHWEST COR	R OF BLDG.	FIRST
I hereby certify and	swear under penaltie	es of perjury that:			
1. the renew	ved license will be o	f the same type for	the same premises now	licensed;	
2. the licens	ee has complied wit	th all laws of the Co	ommonwealth relating t	o taxes; and	
3. the premi	ses are now open for	or business (If not e	xplain below)		
SIGNED BY	Individual, Partne	er or Authorized Co	orporate Officer		
DATE:	TELEPHO	NE NUMBER:			TON NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: [(If disapproved expl	ain)		LOCAL LICENS By:	SING AUTH	ORITY
DATE:					



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LICENSE NUMBER: 077800189		CITY OR TOWN NEW BE	DFORD
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR	2013
	CLASS		YEAR
LICENSEE NAME: SALTY COD LLC DOING BUSINESS A SALTY COD			
ADDRESS 1500 COVE ROAD			
CITY/TOWN: NEW BEDFORD	STATE: MA	ZIP CODE: 02745	
MANAGER: MARTINS, JAMES TYP	E OF LICENSE: Res	taurant CATEGORY	: Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE ALSO VISIT OUR WEI	BSITE AND ENTER YOUR EM	AIL ADDRESS	
AREA, TAKE OUT/CASHIER AREA, AT ON THE FIRST FLOOR OF A ONE STO COD FISH MARKET, WITH ALCOHOL WITH ADDITIONAL STORAGE IN THI PATIO AREA APPROX. 336 SQ.FT. WH SEATING FOR 16 PATRONS-ENCLOSE INTERSECTION OF COVE ROAD AND I hereby certify and swear under penalties of the certification of the complex of the licensee has complied with a complex of the premises are now open for the control of the complex of the premises are now open for the control of the co	RY BUILDING WH BEING STORED II E KITCHENAREAA HICH IS CONIGIOU ED WITH 40' HIGH D PADANARAM AV of perjury that: he same type for the sall laws of the Comm	TICH IS ADJACENT TO THE N TWO STAND ALONE COO. THERE IS ALSO AN OUTS S TO THE DINING ROOM A WOOD FENCE SITUATED OF TE, NUMBERED 1500 COVE same premises now licensed; nonwealth relating to taxes; and	SALTY DLERS, SIDE ND HAS DN THE ROAD
SIGNED BY Individual, Partner	or Authorized Corpor	rate Officer	
DATE: TELEPHONE	E NUMBER:	EMPLOYER IDENTIFICA (Note: <u>NOT</u> Individual Social	
We the undersigned, attest that we are in Acts of 2004, signed by the building inspirate and (2) the certificate of 1 of 2010.	pector and the head	of the fire department for th	e above
Please Check Below:		LOCAL LICENSING AUTH	HORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			



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LICENSE NUMB	ER: 077800191		CITY OR TOWN	NEW BED	FORD
APPLICATION F		Annual		SED FOR 20	
ATTLICATIONT	OK KENEWAL.	CLASS	LICLIV		YEAR
LICENSEE NAM	E: CHINA LAN	TERN RESTAURANT,	INC		
DOING BUSINES		,1224,122,110141,11	2.0		
ADDRESS 116 N	AUSET STREET	Γ			
CITY/TOWN: N	EW BEDFORD	STATE: MA	ZIP CODE:	02746	
MANAGER: LE	EUNG, WAH DNG	TYPE OF LICENSE: R	estaurant C.	ATEGORY:	Wine and Malt Regular
EMAIL ADDRES	S:				
	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		L
DESCRIPTION O	F LICENSED PI	REMISES:			
WITH STOCK IN	CELLAR AT PI	ND KITCHEN ON THE I REMISES LOCATED OF ANT AND SUMMER ST	N THE SOUTH SIDE		
2. the lice	nsee has complie	be of the same type for the d with all laws of the Coren for business (If not ex	nmonwealth relating t		
5. the pre-	mises are now op	ch for business (if not ex			
SIGNED BY		Partner or Authorized Cor			
SIGNED BY	Individual, P	artner or Authorized Cor	porate Officer		TON NUMBER.
SIGNED BY	Individual, P		porate Officer EMPLOYER		TON NUMBER: ecurity Number)
SIGNED BY DATE: We the undersign Acts of 2004, sign	Individual, P TELEI ned, attest that v ned by the buildi	artner or Authorized Cor	porate Officer EMPLOYER (Note: NOT Inc	lividual Social S ed by Chapte ment for the	ecurity Number) er 304 of the above
DATE: We the undersign Acts of 2004, sign named license an of 2010.	Individual, P TELEI ned, attest that v ned by the buildi	Partner or Authorized Cor PHONE NUMBER: we are in possession (1) to ing inspector and the he	EMPLOYER (Note: NOT Inc.) The certificate required of the fire departs surance required by	lividual Social S ed by Chapto ment for the Chapter 116	er 304 of the above of the Acts
DATE: We the undersign Acts of 2004, sign named license and 2010. Please Check Below:	Individual, P TELEI ned, attest that v ned by the buildi	Partner or Authorized Cor PHONE NUMBER: we are in possession (1) to ing inspector and the he	porate Officer EMPLOYER (Note: NOT Inc	lividual Social S ed by Chapto ment for the Chapter 116	er 304 of the above of the Acts
DATE: We the undersign Acts of 2004, sign named license an	Individual, P TELER ned, attest that we ned by the building (2) the certifice	Partner or Authorized Cor PHONE NUMBER: we are in possession (1) to ing inspector and the he	EMPLOYER (Note: NOT Inc.) The certificate required of the fire departs surance required by	lividual Social S ed by Chapto ment for the Chapter 116	er 304 of the above of the Acts



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LICENSE NUMBER: 077800192		CITY OR TOWN	NEW BED	FORD
APPLICATION FOR RENEWAL:	Annual	LICEN	ISED FOR 20	013
	CLASS			YEAR
LICENSEE NAME: VERDEAN VE	TERANS MEMORIAL	FOUNDATION, IN	NC.	
OOING BUSINESS A				
ADDRESS 561 PURCHASE STREET	Γ			
CITY/TOWN: NEW BEDFORD	STATE: MA	ZIP CODE:	02740	
MANAGER: WATKINS, KIM T	TYPE OF LICENSE: Clu	b C	ATEGORY:	All Alcohol
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR	R WEBSITE AND ENTER YOUR EM	IAIL ADDRESS		1
DESCRIPTION OF LICENSED PREM				
TWO ROOMS AND KITCHEN, THR A TWO-STORY BLDG. SITUATED				OOR OF
SIGNED BY Individual, Partı	ner or Authorized Corpo	rate Officer		
DATE: TELEPHO	ONE NUMBER:		R IDENTIFICAT	TON NUMBER: ecurity Number)
We the undersigned, attest that we a Acts of 2004, signed by the building named license and (2) the certificate of 2010.	inspector and the head	of the fire depart	ment for the	above
Please Check Below:		LOCAL LICENS	SING AUTHO	ORITY
APPROVED:		By:		
DISAPPROVED:				
If disapproved explain)				



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LICENSE NUMBER: 077800194	CIT	TY OR TOWN	NEW BEDI	FORD
APPLICATION FOR RENEWAL:	Annual	LICENS	SED FOR 20	13
	CLASS			YEAR
LICENSEE NAME: PELLA CORPORATION	N			
DOING BUSINESS A G & S PIZZA				
ADDRESS 2840 ACUSHNET AVENUE				
CITY/TOWN: NEW BEDFORD S'	ΓΑΤΕ: MA	ZIP CODE:	02745	
MANAGER: solomos, athanasios TYPE OF	LICENSE: Restaur	ant CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WEBSITE A	AND ENTER YOUR EMAIL A	ADDRESS		
DESCRIPTION OF LICENSED PREMISES:				
APPROX. 2400 S/F WITH 3 ROOMS; DINING KITCHEN W/ WALK IN COOLER, STORAG HANDICAPPED ACCESS. RESTRM.				EA,
I hereby certify and swear under penalties of pe	rjury that:			
1. the renewed license will be of the sai		_		
2. the licensee has complied with all la		· ·	taxes; and	
3. the premises are now open for busine	ess (If not explain b	elow)		
SIGNED BY Individual, Partner or Au	thorized Corporate	Officer		
DATE: TELEPHONE NU	MBER:	EMPLOYER	IDENTIFICAT	ION NUMBER:
		(Note: NOT Indi	ividual Social Se	ecurity Number)
We the undersigned, attest that we are in po Acts of 2004, signed by the building inspecto named license and (2) the certificate of liquo of 2010.	r and the head of	the fire departn	nent for the	above
Please Check Below:	L	OCAL LICENS	ING AUTHO	ORITY
APPROVED:	В	y:		
DISAPPROVED: (If disapproved explain)	_			
(II disapproved explain)				
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUME	BER: 077800199		CITY OR TOWN	NEW BED	FORD
APPLICATION I	FOR RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAM	IE: XAVIER MARKE	Γ, INC.			
DOING BUSINE	SS A				
ADDRESS 290 N	NORTH FRONT STREE	Т			
CITY/TOWN: N	NEW BEDFORD	STATE: MA	ZIP CODE:	02746	
MANAGER: ROX	ODRIGUES, RUI TYP	PE OF LICENSE: Pa	ckage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRES	SS:				
	PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR E	MAIL ADDRESS		L
DESCRIPTION (OF LICENSED PREMIS	SES:			
	/ITH WALK IN COOLE VITH STOCK IN REAR		M ON FIRST FLOC	OR OF A ON	E
I hereby certify ar	nd swear under penalties	of perjury that:			
1. the ren	newed license will be of t	the same type for the	same premises now	licensed;	
	ensee has complied with		_	taxes; and	
3. the pre	emises are now open for	business (If not expl	ain below)		
SIGNED BY	Individual Partner	or Authorized Corp	orate Officer		
	morvidan, i armor	or rumorized corp.	State Officer		
DATE:	TELEDION	E MINADED	EMDI OVED	IDENTIFICAT	ION NUMBER:
51112.	TELEPHON	E NUMBER:	(Note: NOT Ind		
Please Check Below:			LOCAL LICENS	ING AUTHO	ORITY
APPROVED: DISAPPROVED:			By:		
(If disapproved ex					
,	Τ				
DATE:			,		



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 07/80020	<i>1</i> 0	CITY OR TOWN NEW BED	FUND
APPLICATION FOR RENEWA	AL: Annual	LICENSED FOR 20	013
	CLASS		YEAR
LICENSEE NAME: JOSE PIN	JARRETA		
DOING BUSINESS A TALHO	PORTUGUES		
ADDRESS 123 DARTMOUTH	STREET		
CITY/TOWN: NEW BEDFOR	STATE: MA	ZIP CODE: 02740	
MANAGER:	TYPE OF LICENSE: Pa	ckage Store CATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:			
PLEASE ALSO V	VISIT OUR WEBSITE AND ENTER YOUR F	EMAIL ADDRESS	_
DESCRIPTION OF LICENSED	PREMISES:		
CONTAINED WITHIN A VAR TO THE BASEMENT WHICH AREA FOR STORAGE PREMI	TIETY STORE STPRE TYPI INCLUDE A KITCHEN, DI ISES IS SITUATED ON THE	ESTROOMS WHICH ARE ALL E AREA ALONG WITH 2 STAII SPLAY AREA & AN ADDITION E SOUTH SIDE OF DARTMOUT RY NUMBERED 123 DARTMO	RWAYS NAL ΓΗ
I hereby certify and swear under	penalties of perjury that:		
1. the renewed license v	vill be of the same type for the	e same premises now licensed;	
2. the licensee has comp	olied with all laws of the Com	monwealth relating to taxes; and	
3. the premises are now	open for business (If not exp	lain below)	
SIGNED BY Individua	ll, Partner or Authorized Corp	oorate Officer	
DATE: TE	LEPHONE NUMBER:	EMPLOYER IDENTIFICATION (Note: NOT Individual Social S	
Please Check Below:		LOCAL LICENSING AUTH	ORITY
APPROVED:		By:	
DISAPPROVED:			
(If disapproved explain)			
DATE:		-	



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER: 077800201		CITY OR TOWN	NEW BED	FORD
APPLICATION FOR RENEWAL:	Annual	nual LICENSED FOR 2013		
	CLASS			YEAR
LICENSEE NAME: N & W CONVENI	ENCE MART, INC			
DOING BUSINESS A N & W CONVEN	IIENCE MART			
ADDRESS 425-433 BELLEVILLE AVE				
CITY/TOWN: NEW BEDFORD	STATE: MA	ZIP CODE:	02746	
MANAGER: BUTT, WAGAR A TYP	'E OF LICENSE: Pac	kage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:				
PLEASE ALSO VISIT OUR WE	BSITE AND ENTER YOUR EM	IAIL ADDRESS		-
DESCRIPTION OF LICENSED PREMIS	SES:			
TWO ROOMS ON THE FIRST FLOOR (AND IN BASEMENT.	OF A ONE STORY I	BUILDING, WITH	STORAGE 1	IN REAR
2. the licensee has complied with 3. the premises are now open for SIGNED BY	business (If not expla	in below)		
Individual, Partner	or Authorized Corpo	rate Officer		
DATE: TELEPHONI	E NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		ION NUMBER: ecurity Number)
Please Check Below: APPROVED:		LOCAL LICENS By:	ING AUTHO	ORITY
DISAPPROVED:		,		
(If disapproved explain)				
DATE:				



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER	: 077800202		CITY OR TOWN	NEW BED	FORD
APPLICATION FOR	RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A ADDRESS 397 SAW CITY/TOWN: NEW	A COSTA'S GAS YER STREET		ZIP CODE:	02746	
MANAGER: ALAM	M, MANZUR T	YPE OF LICENSE: Pa	ackage Store C	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
P	LEASE ALSO VISIT OU	R WEBSITE AND ENTER YOUR	EMAIL ADDRESS		_
DESCRIPTION OF L					
APPROX. 1835 SQ. I IN THE BASEMENT		LK-IN COOLER ANI ORY BLDG.	O STORAGE IN THI	E REAR ROO	OM AND
2. the license	e has complied w es are now open f	of the same type for the rith all laws of the Confor business (If not exp	nmonwealth relating t		
	Individual, Parti	ner or Authorized Corp	oorate Officer		
DATE:	TELEPHO	ONE NUMBER:			CION NUMBER: decurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	n)		LOCAL LICENS By:	SING AUTH	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUMBER:	077800203		CITY OR TOWN	NEW BED	FORD
APPLICATION FOR	RENEWAL:	Annual	LICENSED FOR 2013		
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A	RACING MART,LLC A "bp"				
ADDRESS 56 POTO	MSKA STREET				
CITY/TOWN: NEW	BEDFORD	STATE: MA	ZIP CODE:	02740	
MANAGER: EL TOM,	TYPE (ALEXANDRE	OF LICENSE: Pa	ckage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	LEASE ALSO VISIT OUR WEBST ICENSED PREMISES		EMAIL ADDRESS		
FL.TOTAL AREA AI THERE ARE 2 ENTE	GS & FUNCTIONS,BAPPROX. 2,346 SQ. FT. RANCES/EXITS ON A ST.THIS IS 2 STORY	STORAGE WII CUSHNET AVI	LL BE ON 1ST. FL.& E.& AN ADD ITION	k IN BASEM	IENT.
2. the license	d license will be of the e has complied with all es are now open for bus	laws of the Com	monwealth relating to		
SIGNED BY	Individual, Partner or	Authorized Corp	orate Officer		
DATE:	TELEPHONE N	IUMBER:	EMPLOYER (Note: <u>NOT</u> Ind		ION NUMBER: ecurity Number)
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain	 n)		LOCAL LICENS By:	ING AUTHO	ORITY
DATE:					



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OFF-PREMISESLICENSE RENEWAL APPLICATION

LICENSE NUM	IBEK: 07/800204		CITY OR TO	WN NEW DED	FURD
APPLICATION	FOR RENEWAL:	Annual	LIC	CENSED FOR 20)13
		CLASS			YEAR
DOING BUSIN	ME: ALA & MALI				
	ROCKDALE AVE.				
CITY/TOWN:	NEW BEDFORD	STATE: MA	ZIP CODE	2: 02740	
	ALAM, MOHAMMED M.	TYPE OF LICENSE:P	ackage Store	CATEGORY:	Wine and Malt Regular
EMAIL ADDRI	ESS:				
	PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR	EMAIL ADDRESS		
	OF LICENSED PRI				
COOLER, SAL	ES & STORAGE AF	REA.			
3. the p		n for business (If not exp	· · · · · · · · · · · · · · · · · · ·		
DATE:	TELEPI	HONE NUMBER:		OYER IDENTIFICAT $oldsymbol{\Gamma}$ Individual Social S	
Please Check Below APPROVED: DISAPPROVEI (If disapproved	D:		LOCAL LIC	ENSING AUTH	ORITY
DATE:					



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LICENSE NUMB	ER: 077800207		CITY OR TOW	N NEW BED	FORD
APPLICATION F	OR RENEWAL:	Annual	LIC	ENSED FOR 20	013
		CLASS			YEAR
DOING BUSINES	E: NO PROBLEMO SS A NO PROBLEMO 13 PURCHASE STRE)			
CITY/TOWN: N		STATE: MA	ZIP CODE:	02746	
	AIVA, CRAIG R. TY			CATEGORY:	Wine and Malt Regular
EMAIL ADDRES	S:				
	PLEASE ALSO VISIT OUR W	EBSITE AND ENTER YOUR EM	IAIL ADDRESS		_
DESCRIPTION O	F LICENSED PREMI	SES:			
ONE ROOM FOR ACCESIBLE UNI 10X36', WHICH I TAKE OUT AND	N THE STREET LEVE DINING, APPRX. 10 SEX RESTROOM, AI NCLUDES A KITCHI WAITING AREA; TH THE STORAGE OF	X36', WITH TABLE ND UTILITY CLOSE EN AREA WITH A B HERE WILL BE A 6X	SEATING, A H T, AND A SECO EER AND WIN (8' WALK IN CO	ANDICAPPED OND ROOM, A E COOLER, ANDOLER IN THE	PPRX, ND
I hereby certify an	d swear under penalties	s of perjury that:			
1. the rene	ewed license will be of	the same type for the	same premises n	ow licensed;	
2. the lice	nsee has complied with	all laws of the Comm	nonwealth relatin	g to taxes; and	
3. the pres	mises are now open for	business (If not expla	in below)		
SIGNED BY	Individual, Partne	or Authorized Corpo	rate Officer		
D A TELE					
DATE:	TELEPHON	E NUMBER:		YER IDENTIFICAT	
			(Note. <u>NO1</u>	Individual Social S	security Number)
Acts of 2004, sign	ned, attest that we are ned by the building in id (2) the certificate of	spector and the head	of the fire depa	rtment for the	above
Please Check Below:			LOCAL LICE	NSING AUTH	ORITY
APPROVED:			By:		
DISAPPROVED:					
(If disapproved ex	piain)				
DATE:					



The Commonwealth of Massachusetts Alcoholic Beverages Control Commission 239 Causeway Street Boston, MA 02114 www.mass.gov/abcc

LICENSE NUMBER: 077800208	(CITY OR TOWN	NEW BEDI	FORD
APPLICATION FOR RENEWAL:	Annual CLASS	LICENS	SED FOR 20	13 YEAR
LICENSEE NAME: THE GOAL POST, DOING BUSINESS A ADDRESS 1707 PURCHASE STREET				
CITY/TOWN: NEW BEDFORD	STATE: MA	ZIP CODE:	02740	
MANAGER: TAVARES, TYPI HORACIO B.	E OF LICENSE: Resta	aurant CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:				
DESCRIPTION OF LICENSED PREMISSONE ROOM, WITH KITCHEN AND BARESTROOMS, AND OFFICE IN A COMPREMISES IS A TWO-STORY BLDG. WITH the renewed license will be of the 2. the licensee has complied with a 3. the premises are now open for be a standard or the stan	R, APPR. 65' X 45', 0 MON AREA, AND SWITH ENTRANCE A of perjury that: he same type for the sall laws of the Common and the Com	STORAGE ON T F ND EXIT ON HAZ ame premises now onwealth relating to	IE FIRST FLZA RD STRE	R.
SIGNED BY Individual, Partner of	or Authorized Corpor	ate Officer		
DATE: TELEPHONE	E NUMBER:	EMPLOYER (Note: <u>NOT</u> Ind	IDENTIFICAT	
We the undersigned, attest that we are is Acts of 2004, signed by the building inspanmed license and (2) the certificate of 1 of 2010.	pector and the head	of the fire departr	nent for the	above
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENS By:	ING AUTHO	DRITY
DATE:				



The Commonwealth of Massachusetts Alcoholic Beverages Control Commission 239 Causeway Street Boston, MA 02114 www.mass.gov/abcc

LICENSE NUMBER: 077800209	C	ITY OR TOWN NEW BEDFORD
APPLICATION FOR RENEWAL	L: Annual CLASS	LICENSED FOR 2013 YEAR
LICENSEE NAME: CENTRO-I DOING BUSINESS A ADDRESS 34 BEETLE STREET CITY/TOWN: NEW BEDFORE		ZIP CODE: 02746
MANAGER: SILVA, JOSE C.	TYPE OF LICENSE: Club	CATEGORY: All Alcohol
EMAIL ADDRESS:		
DESCRIPTION OF LICENSED DESCRIPTION OF LICENSED DESCRIPTION OF LICENSED DESCRIPTION OF A FIRESTROOMS, AND FOUR EXIT TWO OFFICES, TWO RESTROOMS STORAGE ARE I hereby certify and swear under proceeding the premise of the license with the premises are now of the premises are now of the license of the premises are now of the license of the premises are now of the license of the licen	RST FLR. FUNCTION HALL, TS A DOWNSTAIRS RM WIT OMS, AND THREE EXITS, ST A.	WITH BAR, OFFICE, TWO TH BAR, MEMBE RS RM, KITCHE, TOCK TO BE KEP T IN A me premises now licensed; nwealth relating to taxes; and
SIGNED BY Individual,	Partner or Authorized Corporat	te Officer
DATE: TELI	EPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
Acts of 2004, signed by the buil	ding inspector and the head of	ertificate required by Chapter 304 of the f the fire department for the above nce required by Chapter 116 of the Acts
Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTHORITY By:
DATE:		



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LICENSE NUMBER: 077800210	CITY OR TOWN NEW BEDFORD
APPLICATION FOR RENEWAL: Annual CLASS	LICENSED FOR 2013 YEAR
LICENSEE NAME: OUR LADY OF ANGELS BAND DOING BUSINESS A ADDRESS 1446 ACUSHNET AVE	
CITY/TOWN: NEW BEDFORD STATE: MA	A ZIP CODE: 02746
MANAGER: DUARTE, MARIO TYPE OF LICENSE: O	Club CATEGORY: All Alcohol
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR	R EMAIL ADDRESS
DESCRIPTION OF LICENSED PREMISES:	
A FIRST FLOOR FUNCTION HALL WITH TWO PORTAL LOUNGE WITH BAR AREA, KITCHEN, TWO RESTROOB BASEMENT CONSIST OF ONE ROOM WHICH INCLUIR REHEARSAL ROOM, AND A MEETING CONFERENCE	OMS AND OFFICE , DOWNSTAIRS DES OFFICE SPACE, CLASS ROOMS,
I hereby certify and swear under penalties of perjury that:	
1. the renewed license will be of the same type for the	he same premises now licensed;
2. the licensee has complied with all laws of the Cor	mmonwealth relating to taxes; and
3. the premises are now open for business (If not ex	plain below)
SIGNED BY	000
Individual, Partner or Authorized Cor	porate Officer
DATE: TELEPHONE NUMBER.	
TELEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
	real real marvada social security runion)
We the undersigned, attest that we are in possession (1) Acts of 2004, signed by the building inspector and the he named license and (2) the certificate of liquor liability in of 2010.	ead of the fire department for the above
Please Check Below:	LOCAL LICENSING AUTHORITY
APPROVED:	By:
DISAPPROVED:	
(If disapproved explain)	
DATE:	



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LICENSE NUMBER: 077800212	CITY OR TOWN NEW BEDFORD
APPLICATION FOR RENEWAL: Annual	LICENSED FOR 2013
CLASS	YEAR
LICENSEE NAME: THE BISCA TOURNAMENT CLUB,	INC.
DOING BUSINESS A	
ADDRESS 161 ACUSHNET AVE	
CITY/TOWN: NEW BEDFORD STATE: MA	ZIP CODE: 01740
MANAGER: MACEDO, JOSE M. TYPE OF LICENSE: Cl	ub CATEGORY: All Alcohol
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR E	EMAIL ADDRESS
DESCRIPTION OF LICENSED PREMISES:	
CHANGE TO INCLUDE ENTIRE BLDG. AT 161 ACUSHN 10,000 SQ. FT. INCLUDING BANQUET HALL ON 1ST. FI & BALCONY ON 2ND. FL. DIRECT EXIT & ENTRANCE USED AS FUNCTION HALLS & ADDITIONAL DINING.	L. AN ADDITIONAL BANQUET HALL
I hereby certify and swear under penalties of perjury that:	
1. the renewed license will be of the same type for the	e same premises now licensed;
2. the licensee has complied with all laws of the Com	-
3. the premises are now open for business (If not expl	lain below)
SIGNED BY Individual, Partner or Authorized Corp	oorate Officer
DATE: TELEBRIONE NUMBER.	EMPLOYED IDENTIFICATION AND FIRE
TELEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)
We the undersigned, attest that we are in possession (1) the Acts of 2004, signed by the building inspector and the heat named license and (2) the certificate of liquor liability insured 2010.	d of the fire department for the above
Please Check Below:	LOCAL LICENSING AUTHORITY
APPROVED:	Ву:
DISAPPROVED:	
(If disapproved explain)	
DATE:	



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LICENSE NUN	MBER: 077800215		CITY OR TOWN	NEW BED	FORD
APPLICATION	N FOR RENEWAL:	Annual	LICENS	ED FOR 20	013
		CLASS			YEAR
LICENSEE NA	ME: AL'S DOG HOUSE				
DOING BUSIN	IESS A				
ADDRESS 335	COGGESHALL STREET				
CITY/TOWN:	NEW BEDFORD	STATE: MA	ZIP CODE:	02740	
	BENOIT, ROBERT TYPE E.	OF LICENSE: Res	taurant CA	TEGORY:	Wine and Malt Regular
EMAIL ADDR	ESS:				
	PLEASE ALSO VISIT OUR WEBS	SITE AND ENTER YOUR EM	AIL ADDRESS		•
DESCRIPTION	OF LICENSED PREMISE	S:			
A DINING ARI AND SRORAG BASEMENT O COGGESHALI ON THE NORT	ONSIST OF ONE ROOM, WEA SEPARATED FROM THE ON THE FIRST FLOOR, OF THE STREET LEVEL BUTTEL AND AN ADDITH SIDE OF COGGESHAL VENUE; AND NUMBERE	HE COUNTER AR , WITH ADDITION UILDING; WHICH FIONAL EXIT AT L STREET BETW	EA BY A SEMI DIVICAL STORAGE AND HAS ONE ENTRAUREAR OF THE BUEN ASHLEY BOL	VIDER, A K D OFFICE I NCE/EXIT ILDING SI	ITCHEN IN THE ON TO FUATED
I hereby certify	and swear under penalties of	f perjury that:			
1. the r	renewed license will be of the	e same type for the	same premises now l	icensed;	
2. the 1	icensee has complied with al	l laws of the Comm	onwealth relating to	taxes; and	
3. the p	premises are now open for bu	isiness (If not expla	in below)		
SIGNED BY	Individual, Partner or	· Authorized Corpo	rate Officer		
DATE:	TELEPHONE	NUMBER:	EMPLOYER (Note: NOT Indi		ION NUMBER: ecurity Number)
Acts of 2004, s	signed, attest that we are in signed by the building inspe and (2) the certificate of lie	ector and the head	of the fire departm	ent for the	above
Please Check Below	<u>w:</u>		LOCAL LICENSI	NG AHTHO	RITY
APPROVED:			By:		, i
DISAPPROVE	D:		•		
(If disapproved	explain)				

APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



DISAPPROVED:

The Commonwealth of Massachusetts Alcoholic Beverages Control Commission 239 Causeway Street Boston, MA 02114

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NO.	ON PREMISE	S LICENSE REN	EWAL APPLICAT	<u>TION</u>	
LICENSE NUMBER	:077800216		CITY OR TOWN	NEW BED	FORD
APPLICATION FOR	RENEWAL:	Annual	LICEN	SED FOR 20)13
		CLASS			YEAR
LICENSEE NAME: DOING BUSINESS A	LEMIEUX ENTERF A THE BOAT	rises inc.			
ADDRESS 945 ASH	LEY BOULEVARD				
CITY/TOWN: NEW	/ BEDFORD	STATE: MA	ZIP CODE:	02740	
MANAGER: LEMI	EIUX, SCOTT TYPE	OF LICENSE: Re	staurant C.	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
	PLEASE ALSO VISIT OUR WEB		MAIL ADDRESS		
	LICENSED PREMISE T OF TWO ROOMS,				
FLOOR; AND AN A SECOND FLOOR OF ONTO ASHLEY BO SITUATED ON THE	STROOMS IN AN AI REA APPROXIMAT F A 1 1/2 STORY BU UEVARD AND AN A E WEST SIDE OF AS TS, NUMBERED 945	ELY 325 SQ FT T ILDING; WHICH ADDITIONAL EX HLEY BOULEVA	O BE USED FOR S' AHAS TWO ENTR IT AT THE REAR (RD. BETWEEN OF	TORAGE ON ANCES/EXI OF THE BUI	N THE ITS
I hereby certify and s	wear under penalties o	f perjury that:			
	ed license will be of th	• •	-		
	ee has complied with a			o taxes; and	
3. the premis	ses are now open for b	usiness (If not expl	ain below)		
SIGNED BY	Individual, Partner o	r Authorized Corp	orate Officer		
DATE:	TELEPHONE	NUMBER:			TON NUMBER: ecurity Number)
Acts of 2004, signed	I, attest that we are in by the building insp 2) the certificate of li	ector and the hea	e certificate require d of the fire depart	ed by Chapto ment for the	er 304 of the above
Please Check Below:			LOCAL LICENS	SING AUTHO	ORITY
APPROVED:			By:		

(If disapproved explain)	
D. 1. T. T.	
DATE:	
APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MON	VTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



The Commonwealth of Massachusetts Alcoholic Beverages Control Commission 239 Causeway Street Boston, MA 02114 www.mass.gov/abcc		
ON PREMISES LICENSE REN	NEWAL APPLICATION	
LICENSE NUMBER: 077800218	CITY OR TOWN NEW BEDFORD	
APPLICATION FOR RENEWAL: Annual	LICENSED FOR 2013	
CLASS LICENSEE NAME: RESTAURANT PARTNERS LLC DOING BUSINESS A AIRPORT GRILLE ADDRESS 1569 SHAWMUT AVENUE	YEAR	
CITY/TOWN: NEW BEDFORD STATE: MA MANAGER: WHELAN, TYPE OF LICENSE:Ro		
WILLIAM M. EMAIL ADDRESS: PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR IDESCRIPTION OF LICENSED PREMISES: APPROX. 200 SQ. FT. WHICH INCLUDES 2 ROOMS FOR A KITCHEN AND STORAGE AREATHERE IS ALSO A 500 SQ. FTWHICH IS ENCLOSED WITH A 36' KNEE VAN ENTRANCE/EXIT INTO MAIN DINING AREA & EX ARE TWO HANDICAPPED RESTROOMS LOCATED IN TERMINAL BUILDING, IN WHICH ALCOHOL IS NOT A I hereby certify and swear under penalties of perjury that: 1. the renewed license will be of the same type for the 2. the licensee has complied with all laws of the Communication of the same type for the sam	R DINING, A BAR AREA, ALONG WITH IN OUTSIDE PATIO AREAAPPROX. WALL SURROUNDING IT, THAT HAS IT INTO THE PARKING LOTTHERE THE COMMON AREA OF THE MAIN ALLOWEE e same premises now licensed; amonwealth relating to taxes; and	
SIGNED BY Individual, Partner or Authorized Corp.	porate Officer	
DATE: TELEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)	

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain) DATE:	LOCAL LICENSING AUTHORITY By:
APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MO	ONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)
The Commonwealth of M Alcoholic Beverages Contro 239 Causeway St Boston, MA 022 www.mass.gov/	ol Commission treet 114 <mark>abcc</mark>
LICENSE NUMBER: 077800219	CITY OR TOWN NEW BEDFORD
APPLICATION FOR RENEWAL: Annual	LICENSED FOR 2013
CLASS	YEAR
LICENSEE NAME: SPICY LIME INC.	
DOING BUSINESS A SPICY LIME THAI CUISINE	
ADDRESS 522 PLEASANT STREET	
CITY/TOWN: NEW BEDFORD STATE: MA	ZIP CODE: 02740
MANAGER: SAWANG, TYPE OF LICENSE:Res	taurant CATEGORY: Wine and Malt Regular
EMAIL ADDRESS:	
PLEASE ALSO VISIT OUR WEBSITE AND ENTER YOUR EM	AIL ADDRESS
DESCRIPTION OF LICENSED PREMISES:	
ONE DINING ROOM WITH COUNTER SERVICE, A KITCL RESTROOM IN AN AREA APPROX. 696 SQ FT ON THE F BUILDING, ALONG WITH AN ADDITIONAL STORAGE APREMISES IS SITUATED ON THE EAST SIDE OF PLEASA AND UNION STREETS, WITH ONE ENTRANCE/EXIT INTO	IRST FLOOR OF A TWO STORY AREA IN A BASEMENTTHE ANT STREET BETWEEN SPRING
I hereby certify and swear under penalties of perjury that:	
1. the renewed license will be of the same type for the	same premises now licensed;
2. the licensee has complied with all laws of the Comm	nonwealth relating to taxes; and
3. the premises are now open for business (If not expla	in below)

SIGNED BY	Individual, Partner or Authorized Corpo	orate Officer
DATE:	TELEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

Please Check Below:	LOCAL LICENSING AUTHORITY
APPROVED:	By:
DISAPPROVED:	
(If disapproved explain)	
DATE:	
APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONT	TH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)



The Commonwealth of Massachusetts Alcoholic Beverages Control Commission 239 Causeway Street Boston, MA 02114 www.mass.gov/abcc

ON PREMIS	ES LICENSE RENEW	AL APPLICATION	
LICENSE NUMBER: 077800220	C	TY OR TOWN NEW B	BEDFORD
APPLICATION FOR RENEWAL:	Annual	LICENSED FOR	R 2013
	CLASS		YEAR
LICENSEE NAME: TRAVESSIA LLC			
DOING BUSINESS A TRAVESSIA			
ADDRESS 760 PURCHASE STREET			
CITY/TOWN: NEW BEDFORD	STATE: MA	ZIP CODE: 02740	
MANAGER: MONTEZ, MARCO TYI	PE OF LICENSE: Pourin	g Permit CATEGOR	CY: Wine and Malt Regular
EMAIL ADDRESS:			
	EBSITE AND ENTER YOUR EMAIL	ADDRESS	
DESCRIPTION OF LICENSED PREMIS			
I hereby certify and swear under penalties			
1. the renewed license will be of	* *	•	
2. the licensee has complied with3. the premises are now open for		=	nd
5. the premises are now open for	business (II not explain	below)	
SIGNED BY Individual, Partner	or Authorized Corporat	e Officer	
DATE: TELEPHON	E NUMBER:	EMPLOYER IDENTIFI	CATION NUMBER:

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

(Note: NOT Individual Social Security Number)

Please Check Below: APPROVED: DISAPPROVED: (If disapproved explain)		LOCAL LICENSING AUTHORITY By:
DATE: APPLICATION FOR RENEWAL MUS	T BE FILED BY LICENSEES DURING THE MOD	NTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)
STANDAY PO	The Commonwealth of Mo Alcoholic Beverages Contro 239 Causeway Str	l Commission



DATE:					
APPLICATION FOR RENEW	AL MUST BE FILE	D BY LICENSEES DURING THE MO	ONTH OF NOVEMBER (M	.G.L. Ch. 138 \$ 16	SA)
A CONTROL OF CONTROL O	Alcol	e Commonwealth of M holic Beverages Contr 239 Causeway S Boston, MA 02 www.mass.gov/ EMISESLICENSE RENI	ol Commission treet 114 <mark>(abcc</mark>	<u>ION</u>	
LICENSE NUMBER	: 077800221		CITY OR TOWN	NEW BED	FORD
APPLICATION FOR	RENEWAL:	Annual	LICEN	SED FOR 20	013
		CLASS			YEAR
LICENSEE NAME:	CRUSH BEV	ERAGE COMPANY INC			
DOING BUSINESS	A CRUSH FIN	NE WINES			
ADDRESS 801 PUR	CHASE STRE	ET			
CITY/TOWN: NEW	V BEDFORD	STATE: MA	ZIP CODE:	02740	
MANAGER: MAT	IAS, NEIL	TYPE OF LICENSE: Pac	kage Store CA	ATEGORY:	Wine and Malt Regular
EMAIL ADDRESS:					
ī	PLEASE ALSO VISIT	OUR WEBSITE AND ENTER YOUR EM	IAIL ADDRESS		
DESCRIPTION OF I					
ALSO BE AN ADDI	TIONAL COC BASEMENT	E USED AS A PRODUCT DLER ROOM FRO STORA ONE ENTRANCE/EXIT I RY BUILDING	GE IN THE REAR	OF PREMIS	SES AS
I hereby certify and s	wear under per	nalties of perjury that:			
		be of the same type for the	=		
	_	d with all laws of the Comn	_	taxes; and	
3. the premis	ses are now ope	en for business (If not expla	in below)		
SIGNED BY	Individual, P	artner or Authorized Corpo	rate Officer		
DATE:	TELEF	PHONE NUMBER:	EMPLOYER (Note: NOT Ind		ION NUMBER: ecurity Number)

SIGNED BY	Individual, Partner or Authorized Corpora	ate Officer
DATE:	TELEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER:

Please Check Below: APPROVED: DISAPPROVED:	LOCAL LICENSING AUTHORITY By:
(If disapproved explain)	
DATE: APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE	MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)
The Commonwealth of	Massachusetts



APPLICATION FOR RENEWAL MUST BE FILED BY LICENSEES DURING THE MONTH OF NOVEMBER (M.G.L. Ch. 138 \$ 16A)			
Alcoh	e Commonwealth of Massachusetts holic Beverages Control Commission 239 Causeway Street Boston, MA 02114 www.mass.gov/abcc EMISES LICENSE RENEWAL APPLICATION		
LICENSE NUMBER: 077800222	CITY OR TOWN NEW BEDFORD		
APPLICATION FOR RENEWAL:	Annual LICENSED FOR 2013		
	CLASS YEAR		
LICENSEE NAME: JOSE ANTON DOING BUSINESS A CARLOS' KI			
ADDRESS 1598 PURCHASE STRE	EET		
CITY/TOWN: NEW BEDFORD	STATE: MA ZIP CODE: 02740		
MANAGER:	TYPE OF LICENSE: Restaurant CATEGORY: Wine at Malt Re		
EMAIL ADDRESS:			
PLEASE ALSO VISIT O	OUR WEBSITE AND ENTER YOUR EMAIL ADDRESS		
DESCRIPTION OF LICENSED PRI	EMISES:		
	PREMISES CONSISTS OF ONE DINING ROOM, A FULL		
	FULL FOOD PREP AREA AND TWO HANDICAPPED 610 SQ FT. ON TH ELOWER LEVEL OF A TWO LEVEL		
BUILDING, WHICH HAD TWO EN	ENTRANCES/EXITS IN THE REAR OF THE BUILDING.		
	ND SERVED FROM A KITCHEN AREA. THE PREMISES IS		
	OF PURCHASE STREET BETWEEN ACUSHNET AVE AND BERED 1598 PURCHASE STREET.		
I hereby certify and swear under pena			
• •	be of the same type for the same premises now licensed;		
2. the licensee has complied with all laws of the Commonwealth relating to taxes; and			
3. the premises are now open for business (If not explain below)			
SIGNED BY Individual, Pa	artner or Authorized Corporate Officer		

SIGNED BY	Individual, Partner or Authorized Corpo	orate Officer
DATE:		EMPLOYED INENTIFICATION NUMBER.
DATE.	TELEPHONE NUMBER:	EMPLOYER IDENTIFICATION NUMBER: (Note: NOT Individual Social Security Number)

We the undersigned, attest that we are in possession (1) the certificate required by Chapter 304 of the Acts of 2004, signed by the building inspector and the head of the fire department for the above named license and (2) the certificate of liquor liability insurance required by Chapter 116 of the Acts of 2010.

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APPROVED:	By:
DISAPPROVED:	•
(If disapproved explain)	
DATE:	